

# CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 1, 1986

a Benn publication

Contract Bill  
reaches report  
stage in Lords

API threatens  
judicial review  
on brand names

Proposed new VAT  
rules could free  
250,000 traders

Personal opinion:  
Do not relax  
supervision,  
says Ashwin Tanna

IFPMA debates  
'Health for all'

NPA concern on  
EEC liability  
Directive

COUGHS AND COLDS  
SPECIAL FEATURE

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## Editor:

John Skelton BPharm, MPS

## Assistant Editor:

Patrick Grice BPharm, MPS

## Features Editor:

Steven Titmarsh BPharm, MPS

## Technical Editor:

Robert Darracott, BPharm, MPS

## Contributing Editor:

Adrienne de Mont  
BPharm, MPS

## Business Reporter:

Nia Williams, BA

## NPA Reporter

Liz Hunt BPharm MPS

## Art Editor: Jack Parker

## Price List Controller:

Colin Simpson

## Advertisement Manager:

Peter Nicholls JP

## Assistant Advertisement

## Manager:

Doug Mytton

## Production: Shirley Wilson

## Publisher:

Ronald Salmon FPS

## Director:

Christopher Leonard-Morgan

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Solihiull, W. Midlands B90 3AE 021-744  
4427, North East and North West Graeme  
House, Chorlton Place, Wilbraham Road,  
Manchester M21 1AQ 061-881 0112 West  
Country & South Wales: 10  
Badninton Road, Downend,  
Bristol BS16 6BO 0272 564827

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## COMMENT



Using the media to advantage — either as an individual or a company, a committee, an association or a professional body is an art usually acquired through hard work and application alone — very few people are naturally gifted.

For some time now the three major bodies in pharmacy — the Pharmaceutical Society, the National Pharmaceutical Association and the Pharmaceutical Services Negotiating Committee — have worked individually to select, train and locate public relations folk throughout the country to present their particular viewpoint, either on demand, or prompted by head office when there is a specific message to get across. By and large the system works, judging by the number of Press cuttings received by C&D from its agency. But could it not work better if the PSGB, NPA and PSNC were co-operated to ensure a complete "pharmacy" cover, perhaps by rota, in every part of the country. They might



be able to cut out waste and, between them, make sure a television or radio trained pharmacist was available to represent the profession.

Last week in C&D, Northern Ireland's representative on the NPA Board, Thos O'Rourke, referred to the success of the "Ask your pharmacist" media campaign now in its third year. He suggested that the campaign had done its job, run its course. The NPA's advertising agency has worked with Board and executives to produce a mix of Press advertisements and even, for Northern Ireland, a television commercial. But with the announcement this week (p730)

that half of next year's budget of £500,000 is to be spent on high impact 10 second spots on TV-am, Mr O'Rourke is presumably in a minority on the Board.

Pharmacists have noticed an upturn in demand for their knowledge and people now know that pharmacists are health care professionals with something to say. The NPA has so far managed to extend its campaign to keep up the momentum gained from Nuffield and the new contract, and the majority of members seem to be prepared to pay the modest extra monies needed. But if ever the cost becomes prohibitive for NPA members, should not the PSGB and PSNC join with NPA to bear the financial load and the responsibility of presenting the profession to its customers — that plethora of potential patients — the public.

Pharmacy has the opportunity and the means to propel itself to the forefront of health care. Good PR could and should give the vital impetus.





# Lords ban pharmacy vote on revised PPSCs

**Contractor pharmacists and their employees will be banned from voting in pharmacy practice subcommittees against the award of an NHS contract to a potential rival as a result of changes in the NHS (Amendment) Bill approved by the House of Lords on Tuesday.**

A Government-sponsored amendment to the contract provisions of the Bill, introduced in response to protests that existing pharmacies should not be able to impose a restraint on new establishments, was approved without a division.

Baroness Trumpington, Under Secretary for Health, explained that the change represented the Government's considered position on the right role for contractor pharmacists in both the PPSCs and in the bodies which would hear any appeals against such decisions.

Baroness Trumpington said the effect of the new provision would be to confine the right to take decisions on new contract applications to subcommittee or appeal body members who were not already in possession of, or as employees benefitting from, an existing NHS pharmacy contract.

She told Peers that the Government did not intend altering the size of the subcommittee or the appeal body, which in both cases would remain at six members — excluding a lay chairman.

Of the six members, three would be appointed by FPCs and could not be registered pharmacists — the other three would be pharmacists. Of the three pharmacists two would be contractors whose role would be purely advisory. They would not vote and would be required to withdraw from proceedings before a decision was made.

Baroness Trumpington said the third pharmacy member at both levels would not be an existing contractor, but would be appointed from a list of nominees provided by the Pharmaceutical Society from outside community pharmacy.

She added that the new provision did not of itself preclude the third pharmacist from having a vote or from taking part in the final decision on applications. The Government intended to further consider whether it would be right for the third non-contractor pharmacist to be advisory or part of the voting membership. Its final conclusion would be introduced in Regulations made when the Bill reached the statute book.

Baroness Trumpington said the Government was satisfied that the decision

making structure now provided in the Bill would fairly reflect the interests of local communities in the provision of new NHS pharmacy services, and of pharmacy in its wider professional sense. The Government was also satisfied that the new arrangements would not undermine the principle or the value of limiting new NHS pharmacy contracts to those considered to be necessary or desirable.

It is intended to exclude dispensing doctors from participation and further action would ensure that no more than one of the three non-pharmacy voting members could be filled by any single FPC contractor profession.

PSNC chairman David Sharpe told C&D he was surprised and disappointed that the Government did not put forward the compromise suggested by the Pharmaceutical Society at a meeting with the Minister on Monday. This would have increased lay representation by one; of the three pharmacists, only two would be contractors, the third being appointed by the Society. However, everyone would have had a vote.

Mr Sharpe expects a mixed reaction to the move. "There will be some members of PSNC, and contractors generally, who will be disappointed with the end result. I must say as a contractor in my own right I believe that the control of entry provision is still very valuable indeed.

"It is quite clear that the number of openings will be reduced and no-one will ever know by how much. But it is also quite clear that the DHSS via FPCs intends there to be a reduction in openings. I personally cannot believe it is anything but a benefit to the profession and the public."

Ian Mullen, chairman of the Pharmaceutical General Council in Scotland, welcomed the result. "We are pleased at the thorough way in which the affairs of the profession have been debated in the Lords. Although we are not in complete agreement with some of the changes, we feel we have achieved the main objective which is the acceptance of the new contract," he said.

The Bill goes to the Commons next week and will not be opposed.

## NPA go for TV adverts in '87

**An advertising budget for 1987 of £500,000 has been agreed by the NPA Board at its October meeting.**

Around £250,000 of this sum will pay for television advertising on TV-am with ten-second commercials going for "impact", according to the NPA's Press officer Mrs Tanya Turton. The Press and poster campaign will continue with several new illustrations in the pipeline.

## Conviction for tax dodge JP

**A Coventry pharmacist and magistrate who owned three pharmacies failed to tell the Inland Revenue about £28,000 he received as "secret discounts". Warwick Crown Court heard last Friday.**

John Hiatt, 52, of Berkswell Grange, Berkswell, Warwicks, pleaded guilty to three sample charges of making false statements to the inland revenue with intent to defraud by understating the profits of his company. Mr Hiatt, who has since resigned as a JP, also admitted giving a false statement of his assets.

He was sentenced to nine months suspended for 18 months, fined £5,000 and ordered to pay £2,000 costs.

Mr James Goldring, prosecuting, said that between 1973 and 1979, Mr Hiatt failed to declare £28,457 of discounts which had been paid to him by wholesalers Whaley's of Coventry. Mr Goldring explained that at the time prices were fixed, but the wholesaler and Mr Hiatt got round this by Mr Hiatt paying the full price and receiving cheques or cash by way of discounts. On his tax forms he declared the full price paid, not the discount refund.

Mr Peter Andrews, defending, said: "He viewed the discounts in a different category to normal business income. As time went on it became more and more difficult for him to declare them.

"He feels that he has let down himself and his family. He has lost his good name." Mr Hiatt had now sold the businesses and paid the tax outstanding.

Passing sentence Judge Alan de Piro said: "For some reason ordinary decent businessmen who would not think of stealing somehow think it is acceptable to be dishonest with their taxation. But it is, in effect, stealing from the community."



## API threatens judicial review on brand names

The Association of Pharmaceutical Importers was to have asked for a judicial review on the question of dispensing drugs with a different "foreign" brand name from that prescribed if it had not heard from the DHSS by the end of the week.

The Department originally said it would comment on the matter by September 9 which was then put back to September 16. Now it seems to have been postponed indefinitely, API chairman Brian Lewis told *C&D* on Monday. "Surely they have had time to consider what their answer would be", Mr Lewis said.

The Department also appears to be slow in reviewing PL(PI) Licence applications for products "manufactured under licence" and "biologicals".

In July the Department said it would review again applications for such products it had originally turned down (see *C&D* July 12, p57). So far no licences have been granted for "biologicals" products such as vibramycin.

In a letter to PL(PI) licence holders dated October 16 the DHSS says it has granted 1,437 licences from 3,086 applications (2,509 applications have been cleared) and 768 variations from 1,068 received.

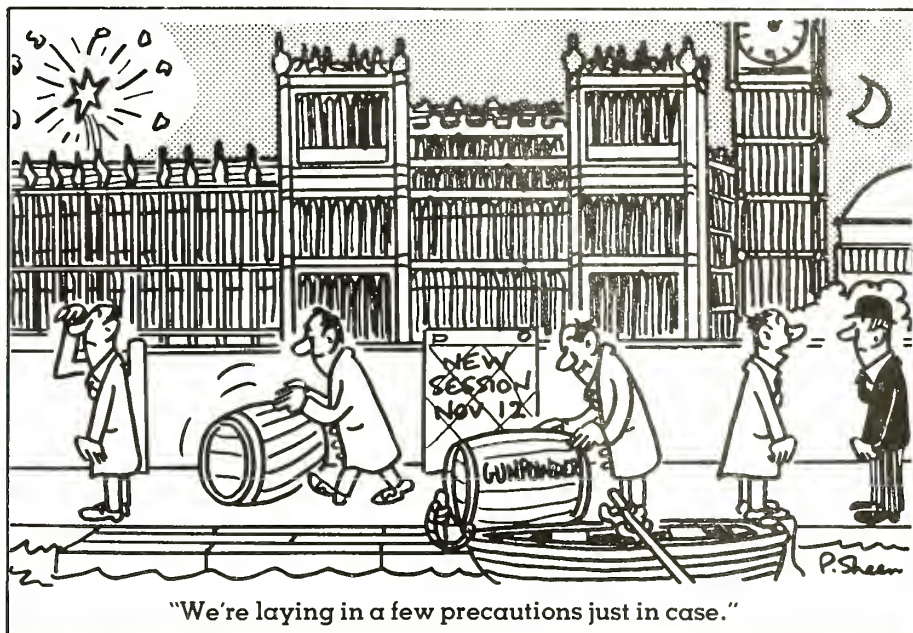
The letter also says that 23 companies are being investigated for alleged offences under the Medicines Act involving imported medicines. Some prosecutions have been made and some are pending.

The letter also reminds licence holders of some things they should not be doing.

For example, supplying POM or P medicines without checking whether the recipient is conducting a retail pharmacy business can result in a fine of up to £2,000. It is an offence to market unlicensed products. The Department has noticed price lists for imported medicines which fail to quote a licence number for some products.

"Investigations are taking place with a view to prosecution where the evidence warrants this", says the Department. Suppliers offering products not relabelled in accordance with UK regulations for extra discount also face prosecution, says the DHSS letter.

**Kingswood Chemists** have joined with Dr Barnardo's to promote the charity's mail-order Christmas catalogue with in-store displays in its 93 branches.



## Plain English labels would 'save millions'

**The NHS would save millions of pounds a year if labels on prescription medicines were in plainer English, claimed a one-day exhibition in London this week.**

"Clarity of Medical Information", staged by the Plain English Campaign, featured the preliminary findings of research by pharmacists Dr Nick Barber of the National Heart Hospital and Theo Rayner of Seacroft Hospital. The early results show that patients made 15 per cent fewer mistakes when trying to understand "plain English" wordings rather than "traditional" wordings. Of the 300 patients questioned, two-thirds preferred the plain English wordings, describing them as more "down to earth" and "human".

The Plain English Campaign warns that up to £300m of the £1,181m the NHS spent on prescription medicines in 1984 may have been wasted because patients didn't take medicines correctly, or at all. The Campaign argues that the DHSS and the Pharmaceutical Society would find it cost-effective to pilot test and introduce plain English dosage and cautionary wordings. It has asked Health Minister Tony Newton, who opened the exhibition, to review statutory wordings like "Do not exceed the stated dose" and "Consult your doctor if symptoms persist", which research has shown can be difficult to read.

Plain English labels could make one in every 20 prescription items more effective (20 million prescriptions annually), and "could even reduce unpleasant side-effects and even deaths which have occurred through misunderstood

instructions," the Campaign says.

The "plain English" labels tested include "Drop one or two drops into both eyes four times a day" instead of the more traditional "One to two drops to be instilled into both eyes every six hours", "Throw this away one month after opening" against "Discard 28 days after opening"; and "Do not swallow this" instead of "Not to be taken".

The exhibition last Wednesday was co-sponsored by the Pharmaceutical Society. Contributors also included the National Pharmaceutical Association and the Proprietary Association of Great Britain.

## No money for glucose strips

**There is not enough money available to allow GPs to prescribe blood glucose strips testing and plastic syringes, Junior Health Minister, Edwina Currie, told Labour's Max Madden in a written Parliamentary reply last week.**

The cost to Family Practitioner Services would be about £15m-£20m a year and "in any event it would be necessary to consider priorities, bearing in mind the many other desirable developments to which any additional resources might go," Mrs Currie said.

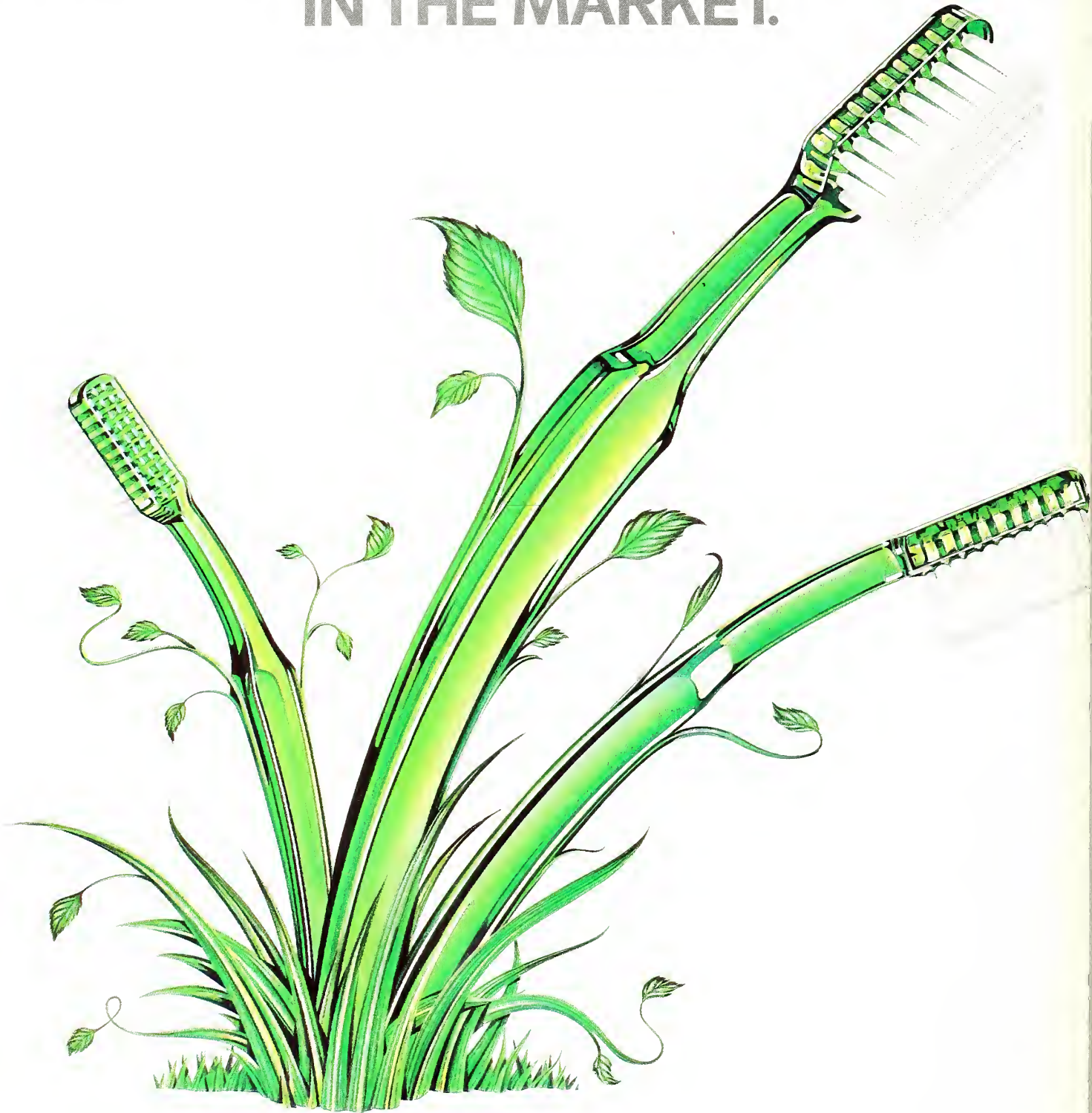
A Commons motion calling for the test strips to be included in the Drug Tariff has been signed by 62 MPs.

## Page it...

ITV's "Oracle" information service is currently promoting the Health Education Council's "Whooping cough" leaflets and the DHSS drug abuse booklets.



# WISDOM'S PROFESSIONAL TOOTHBRUSHES ARE THE FASTEST GROWING BRAND IN THE MARKET.



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## Service cases: consistent penalties plea

**Pharmacists have asked Department of Health officials for consistent penalties to be imposed for breaches of the terms of service.**

They have also expressed reservations about extending the time limits under which complaints may be made to service committees.

Speaking at a public meeting in London this week, PSNC member Marshall Gellman said it was unclear whether service committee penalties were intended as a punishment or merely to prevent contractors benefitting from breaches in the terms of service. The lack of clear guidance could be one reason for the lack of uniformity in penalties imposed by FPCs. He said it was important for both complainant and respondent to be aware of the likely penalties in any particular case. FPCs should continue to make recommendations to the Secretary of State about withholdings so his office could ensure consistent treatment stopped.

Mr Gellman went on to argue the case for not extending the time limit for lodging complaints with FPCs from eight to 13 weeks. The average pharmacist dispensed over 3,000 prescriptions a month and it was difficult to remember precisely each dispensing. There was already a provision for a voluntary time extension.

## 'Fringe' drugs 20pc in 1990

**Generics and parallel imports will have a 20 per cent value share of the European drug market by 1990, according to international market research company Frost & Sullivan.**

The "fringe" sector accounted for only 9 per cent of 1985 pharmaceutical sales,



Ian Hampton, of Williams Chemist, High Street, Nantwich, and regional winner of the Braun window display competition, receives his prize of Marks & Spencer vouchers from Braun key accounts manager David Allmark

He added that pharmacists believed the Regulations should be amended to preclude either party from engaging a paid advocate to represent them at a hearing but would allow the Community Health Council secretary or trade union official to represent an applicant and for a respondent to be represented by the secretary of the local committee. The appearance of an MP for either side would prejudice the informal nature of the proceedings, Mr Gellman suggested.

Pharmacists also opposed the automatic involvement of MPs or the suggestion that a service committee must investigate a complaint instigated by an MP on the patient's behalf. The latter would set up a parallel system of justice which might over-ride service committee procedures.

Other pharmacy representatives gave evidence to the meeting on the complaints procedure, held as part of the primary care review consultations.

but all European governments "have become alarmed at mounting drug bills in recent years, and have taken steps to encourage the fringe sector," says their report "Strategies for pharmaceutical products in Europe". Between 1985 and 1990, the total market itself would grow by only 11 per cent, against a 5 per cent year on year rise in 1985. "Strategies for pharmaceuticals in Europe" (\$2,375) *Frost & Sullivan Ltd, Sullivan House, 4 Grosvenor Gardens, London SW1.*

## Voluntary hours taken off rota

**A Family Practitioner Committee has stopped including voluntary hours of business on rota cards following a pharmacist's complaint.**

The complainant's business provided a service until 8pm on weekdays, though his contract only required a service until

5.30pm. But his request for his hours to be included on the rota cards was rejected in February 1982, and again in March 1984, reports the *Family Practitioner Journal*.

The Health Service Commissioner found that pharmacists could be required to publicise only the services provided contractually outside minimum business hours and that the inclusion of the voluntary hours of another pharmacy was prejudicial to the complainant, whose voluntary hours were not publicised.

## Scripts fall 3pc after List

**The selected list resulted in a reduction of only 3 per cent in prescription numbers in the year to March 31, says Pharmaceutical Services Negotiating Committee chairman David Sharpe.**

In PSNC's annual report he says that critics of the limited list had made "exaggerated forecasts" of up to 25 per cent reduction. But PSNC is concerned that certain FPCs are taking a rigid viewpoint over the inadvertent dispensing of blacklist items.

During the year the Central Checking Bureau (now the Prescription Research Centre) carried out routine checks on between 1.5-2 per cent of all prescriptions dispensed in England and Wales. About 5.5 million prescriptions were checked at a value of over £25,798,584 and an overall cash error found of 0.042 per cent underpaid. The DHSS has agreed to correct the underpayment. In addition special checks were performed at the request of 236 contractors. There was an average underpayment of 0.079 per cent on 1,319,000 prescriptions.

The Rural Dispensing Committee received 39 applications from pharmacists during the year, plus two brought forward from the previous year: 23 were granted in full, 11 refused, four withdrawn prior to consideration by the RDC and three remained to be decided at March 31. There were 56 applications from doctors plus 27 from the previous year, of which 49 were granted in full, ten in part only, 11 refused and six remained to be decided.

The RDC was notified of 66 decisions on rurality; 45 did not require action, two were withdrawn and in one the period had expired. 18 appeals were submitted, together with ten from the previous year. Of these, seven were rejected, two updated, seven upheld in part and 12 were still to be determined.

PSNC ended the year with an operating surplus of £21,909 compared with a deficit of £36,945 the previous year.

Public education is essential to control the spread of AIDS, the Government's chief medical officer, Sir Donald Acheson says in his annual report for 1985.

The three most important ways to control the virus are informing the public how it is spread, providing a safe supply of blood and blood products and advising infected persons how they might avoid infecting others. "On the State of the Public Health for the Year 1985", (HMSO £8.30).



## Support for struck off pharmacist

Local people in Coggeshall and surrounding Essex villages are campaigning for the reinstatement to the Pharmaceutical Register of Mr Stanley Prentice.

In August the Statutory Committee directed that Mr Prentice's name be removed from the Register after upholding eleven complaints about the pharmacy at Market Hill, Coggeshall.

But now signatures have been collected on a petition and a number of articles have appeared in the local Press. Despite the state of his pharmacy, which Society inspectors described as "appalling" and "a potential hazard to the public," Mr Prentice was "a local character, who many people went to rather than visit their doctor," one resident told *C&D*.

Mr Prentice said the public reaction was "unbelievable and totally spontaneous". He said it would be letting people down if he didn't appeal.

## Thumbs down!

A second pharmacist wishing to open in a council house near to a surgery in Immingham has been turned down.

Recently Immingham pharmacist Mr J.D. Grant was given planning permission to open a pharmacy in a house at 21 Worsley Road, adjacent to a surgery at number 23, Foster and Plumpton, who also have a branch in Immingham, applied to open another pharmacy at number 19 but were refused planning permission because of possible effects on the immediately adjoining property number 17. The planning committee thought it was acceptable to convert number 21 as it was adjacent to the surgery whereas number 19 was a semi-detached house adjacent to a residential property.

Foster and Plumpton are entitled to appeal but no decision had been made as *C&D* went to press this week.

## Be vigilant!

The National Pharmaceutical Association is asking members to be vigilant in sales of nitrates, magnesium, potassium permanganate, sulphur, powdered aluminium and phosphorus, as November 5 approaches.

## Making a technical point

I've had a long letter from a pharmacy technician in which are made a number of valuable suggestions — with I may add, considerable delicacy. He is concerned by the question of supervision in pharmacies. As things stand, we have an absolute obligation to be present during our contractual hours of duty and when the sales of regulated medicines take place. I think most of us, if honest, might admit to leaving the premises to pop out for a moment for a variety of good reasons, having ensured the staff genuinely know what they may NOT sell during this absence. It is not a comfortable state of affairs, but one which does at times lead us to wonder if it might usefully be regularised.

Personally, I think that path is one down which we must not be tempted. Like it or lump it, our unique value arises from the fact of our being on the premises all the time. Pass the responsibility to unqualified proxies, and we cease to be the professional guardians of medicines. We tacitly admit we think it can be done just as well by others less well qualified. Well, it can't.

My correspondent working in pharmacy thinks this too. He suggests we ought to train our technicians to do the out-of-premises work, like delivering and setting up oxygen sets, sorting out patients' drugs in their homes if there is confusion, delivering medicines to rest and nursing homes, and generally acting as a good assistant to the pharmacist.

I find the idea attractive and logical. It doesn't need me to set up oxygen sets when I have a trained assistant not displeased at the chance of getting out of the dispensary for a change! If we show competent staff how to do straightforward jobs properly, then we will be able to extend the service we provide without compromising our overriding responsibilities within the pharmacy.

In my pharmacy I encourage staff to pass their driving tests so they are able to do deliveries. I did this after I sat down one night, having made four or five deliveries on my way home that evening. I had done the same at lunch time. I had to go to a meeting and was so late I had no time for tea.

So I had talks with my staff and as a result have completely reorganised working patterns. I am now relieved of much of the routine office work. I don't carry it home any more, but since it is impossible for me to get down to it during the day because of the "interruptions"

which are, of course, my real work, a clerk now clears it in half the time I took, and leaves me free. Same with deliveries, same with domiciliary calls for help from the elderly, especially the confused. We can delegate some of our work. It will be how we choose to do it that will really matter.

One other point was raised, which will grab you all. The writer points out that in areas with high local competition, as, say, between the established pharmacy and a leapfrogger, no-one could afford to leave his business without a pharmacist to supply emergency or urgent medicines, called for during normal hours. Does anyone propose passing the CD keys to an assistant? Or does the patient or doctor have to go elsewhere? It's an untenable proposition.

## Reverse elevation?

One of the most outlandish of new words to hit English has been launched by Procter & Gamble upon an unsuspecting world. It deserves a cemetery all to itself. You will, I hope, have received their document which announced "New . . . downsizing of Camay and Zest!" I've heard of shrinkwrap, but this is ridiculous.

## Safe — but not sure...

LSR, manufacturers of Pür teats, have sent out an fascinating paper which suggests latex rubber teats contain nitrosamines which may be a factor in the incidence of cancer in later life. Silicone teats, on the other hand, do not contain this chemical and so are to be preferred? I seem to remember several companies some time ago withdrew their silicone dummies because they were found to be unsafe. If we're not careful, we're going to have to go back to nature and feed our children from the breast.

## Looking for contract clauses?

From its troubled passage in Parliament it is plainly not going to be Santa Claus with the new contract! So much time has passed since the first hard proposition was accepted that I'm beginning to wonder if it was worth it. Why couldn't we have had closed, open, and intermediate areas for new contracts as the doctors do?



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## Back to nature for haircare

Henara are to launch a new collection of hair care products called the Hair Garden.

The four shampoos and conditioners (250ml, £0.85 and £0.89) are based on unusual natural ingredients, and designed to have a wide appeal, from the young fashion-conscious consumer to the family shopper on a budget.

The range comprises poppy shampoo and conditioner for dry hair, orange flower for greasy, rainflower for normal, and ivy for all hair types. None of the products have been tested on animals. *Henna Hair Health Ltd, Classic House, 174 Old Street, London EC1V 9BP.*

## Highlights

Jerome Russell are introducing a re-usable highlighting cap and a new display unit for the range.

The highlighting hat can be used with permanent and semi-permanent colours and bleaches. It comes with a metal hook for pulling through the strands.

The new display unit is designed to carry products for all aspects of bleaching, highlighting, frosting and tipping hair, and features the slogan "Feel bright with highlight".

Jerome Russell products are being supported with national breakfast television advertising from mid-November to Christmas, and radio advertising in London for two weeks from November 25. *Jerome Russell Cosmetics Ltd, 101 Sunnyside Road, Ilford, Essex IG1 1HY.*

## Sweet soya

Granose Foods Ltd are launching a range of soya desserts which are free from additives and animal produce. The 525g Tetrapacks (£0.45) are available in strawberry, chocolate and vanilla flavours. An advertising campaign in the women's Press and leading health magazines will support the range during 1987. Cases of 12 cartons (trade £4.05) are available from *Granose Foods Ltd, Stanborough Park, Watford, Herts.*



## Choc around...

Prewett's are launching Carob Night Time Drink as an alternative to hot chocolate.

The drink has a taste similar to chocolate, but without caffeine. It is packaged in a double sachet (£0.25) and contains no artificial flavours, colours or preservatives. *Booker Health, 45 Station Approach, West Byfleet, Surrey.*

## ...the clock

Ovaltine are introducing another sugar-free hot chocolate drink.

Choc 'n' orange (twin sachet £0.27) has 40 calories per serving, and will be advertised in the women's Press and health magazines from December to May. *Wander Ltd, Station Road, Kings Langley, Hertfordshire WD4 8LJ.*

Thomas Christy are promoting their face packs with a "buy two get one free" offer.

Collagen, oatmeal and cucumber face packs will be bound together in threes and retail for £0.72. *Thomas Christy Ltd, Christy Estate, North Lane, Aldershot, Hants GU12 4QP.*

## ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

<b>Actifed linctus/expectorant:</b>	All areas except Ulster
<b>Askit powders:</b>	GTV, STV
<b>Benylin expectorant/paediatric:</b>	All areas, C4
<b>Dylon dyes:</b>	TT, C4
<b>Lipcote:</b>	G
<b>Listerine:</b>	All areas
<b>Mentholiptus:</b>	All areas
<b>Nurofen:</b>	All areas
<b>Peaudouce:</b>	Bt
<b>Sanatogen vitamins:</b>	All areas
<b>Simple skin care:</b>	STV, GTV, B, TT, TSW, Y, U
<b>Simplicity:</b>	All areas, C4
<b>Vantage:</b>	All areas
<b>Vidal Sassoon:</b>	All areas except TTV, TSW, B, G

## Cameras Clic for Keystone

Keystone are widening their range of Le Clic cameras launched in June, with the addition of two new models this Autumn.

Le Clic pocket (£24.95) is a 110 camera with built-in flash, available in green and yellow, pink and purple, two-tone grey and purple and yellow. Le Clic 35mm (£44.95) with built-in flash, comes in grey, green purple and blue, and has a colour cord and pouch. The range is complemented by Le Clic leisurewear and sunglasses.

The Le Clic collection is supported with in-store merchandisers, showcards and posters, backed up by an advertising and PR campaign in womens' magazines, national and provincial media and television, say *Le Clic Products Europe Ltd, Unit 31, Ashville Trading Estate, Cambridge Road, Whetstone, Leicester.*

## Telling stories with Numark

Through November, Independent Chemists Marketing Ltd are giving the consumer a Dean Little Tots story book (one of eight to collect) with all packs of Numark toddler 20s disposable nappies. And there are savings of 60p on Nusoft all-in-one toddler 60s and 14p on child size 12s.

Other consumer savings include: 10p off Nusoft feeders, disposable nappy pads and nursery wool 250g; 7p off all packs of teats; 6p off Nusoft puffs economy coloured, pleats 170g, Nuhome washing-up liquid, antiseptic 500ml, fabric softener/conditioner 1 litre, aluminium foil, all-purpose cloths and Sunpure decaffeinated coffee; 5p off Nusoft nursery wool 100gm and Nuhome pine disinfectant; 4p off Nusoft puffs economy white, pleats 50g and nursery wool 50g, Nuhome bleach, floor and wall cleaner and cream cleanser; 3p off Nusoft soothers and puffs standard white and coloured Nusoft nail polish remover has an additional 20p cent on both 100ml and 200ml bottles.

Numark Finishing Touches is being relaunched in new pastel shades. Retailers will receive a free travel jug (rsp £13.95) with orders of three stands across the range. A Numark Parker Vector pen is free with orders for one stand.

There are bonuses on all the above, plus Numark and NPA bags, Flash, Sunpure healthfoods and cereal bars, Nucross glycerin 100ml, zinc and castor oil cream 100g, pholcodeine linctus 100ml, Gees linctus 200ml, Friars Balsam 50ml, soluble aspirin tablets 100s and aspirin and codeine tablets 50s; Numark indigestion tablets, soluble aspirin tablets 24s and paracetamol tablets 24s. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*



# REFLUX ISN'T PLEASANT...

'TOPAL' brings quick relief from discomfort due to gastric reflux in conditions such as heartburn, gastritis, acid dyspepsia, hiatus hernia and reflux oesophagitis.

When chewed, 'TOPAL' tablets produce a foaming gel which floats on the stomach contents, forming a physical barrier which inhibits reflux.

When intra-gastric pressure increases, the gel is pushed upwards into the lower oesophagus and adheres to the mucosa providing a protective coating against stomach acid and allowing any inflammation or ulceration to heal.

## ...TOPAL' IS.

'TOPAL' has a pleasant caramel flavour which makes it a highly acceptable treatment for most patients. Economical in use, it has the additional advantage of low sodium content.

**PRESCRIBING NOTES** Dosage and Administration: One to three tablets chewed four times a day after meals and at bedtime. **Contraindications and Warnings:** No specific contraindications, but care should be observed if used by diabetics because of the sugar content (see further information). Antacids may interfere with the absorption of some drugs, especially tetracyclines. **Basic NHS Price:** £1.67 (42 Tablets). **Further Information:** Each tablet also contains 880 mg of sucrose, 220 mg lactose, but no added colouring.

**Product Licence Holder:**

Concept Pharmaceuticals Limited,  
The Old Coach House, Amersham Hill,  
High Wycombe, Bucks HP1 3NQ  
Product Licence No.: 0603/0021  
'Topal' is a trademark.

Further information is available from the distributors:



ICI Pharmaceuticals (UK),  
Alderley House, Alderley Park,  
Macclesfield, Cheshire SK10 4TF



# Topal

alginic acid 200mg, dried  
aluminium hydroxide gel 30mg,  
light magnesium carbonate 40mg.

QUICK, PLEASANT RELIEF FROM REFLUX SYMPTOMS.







## Take an early bath

Reckitt and Colman are plunging into the children's bubble bath market with the latest addition to the Deep Fresh range.

Deep Fresh Play Tub (300ml £0.69) is a mild blue liquid in a pack that the company says has been designed to have appeal as a toy when it is empty. The Deep Fresh logo and the Dettol sword are prominent on the pack.

The launch will be supported by a £250,000 promotional spend, incorporating a £150,000 advertising campaign in mother and children magazines, Press competitions and free samplings. A trade incentive will follow the launch, with a consumer offer in the New Year.

Reckitt say the children's bubble bath sector is worth £10m, one sixth of the liquid foam bath market. *Reckitt & Colman Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.*

## Here comes Coca

Parfums JJ Coca are now distributed by Beauty Collections, a company set up by RDG Marketing. They plan to increase distribution of the range this Christmas through major chemists and department stores. A Christmas promotion offers the consumer a free soap (worth £3.95) with all purchases between £5-£10, and a free bath foam (worth £8.95) with all purchases between £11-£20. In addition, there is a gift wrapping service available at all Coca stockists. *RDG Marketing Ltd, 6 Victoria Street, St Albans, Herts.*

## Get the massage

Philips have packaged their HP2612 mains Ladyshave into a cosmetic set, with attachments for massage and manicure.

The set (£24.95) comes in a presentation case with mirror.

Attachments include three massagers, a lotion applicator, nail and hard skin files and a cuticle pusher, all of which fit on in place of the trimmer. *Philips Home Appliances, City House, 420 London Road, Croydon CR9 3QR.*

## Face the fact

Louis Marcel are running a £0.50 cash back offer on facial hair remover cream, facial strip wax and hair lightener.

Specially designed counter units highlighting the cash back offer and the problem of facial hair are available. The offer runs until June 30, 1987. *Nicholas Kiwi Division of Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks.*



Elida Gibbs are relaunching their spray-on conditioner Shine. The new 150ml cans (£1.25) retain the previous gold and brown colour, but are slimmer. The company says growth in the conditioner market over the last five years has been twice as fast as that of the shampoo market, and forecast that it will be worth £69m by 1987. *Elida Gibbs Ltd, Hesketh House, Portman Square, London W1A 1DY.*



The following column lists advertisements for chemist merchandise appearing in the IPC women's Press during November. The magazines are divided into weeklies (W), monthlies (M).

Acco Glo-white	W	Elida Gibbs Harmony	W
Ashe Sherleys	W	Timotei	M
Vitapoint	W	English Grains Beauty from Within	M
Bayer Nutrasweet	W M	Esthetic Cosmetics	W
Beechams Badedas	W	Givenchy Ysatis	M
Fenjal	M	Guerlain	M
Booker Health Crafts	M	Hawaiian Tropic	M
Bowater Scott Libra	W	Henkel Perlana Shampoo	W
Scotties	W	Houbigant Raffinee	M
Braun	W M	House of Carmen hair appliances	W
British Tissues Dixcel	W	Johnson & Johnson Carefree	W
Carnation Build-up	W	G R Lane Glanolin	M
Chanel No 5	M	Quiet Life	W M
Charles of the Ritz	W	Lanvin Caron	M
Carrington Parfums	W	Max Factor	W M
Chefaro Endocil	M	Milupa	W
Chemist Brokers TCP	W	Neutrogena	W
Clinique	M	Nicholas Kiwi Almay	M
Coloplast	W	Junior Paraclear	W
Combe Lanacane	W	Radox Kinu Shima	M
Slip Stops	M	Optrex Famel	W M
Crookes Hermesetas	M	Parim Drakkar Noir	M
Cussons foam bath	W	Noisomes	M
Christian Dior	M	Jean Patou	M
		Reckitt & Colman Dettol	W
		Disprol	W
		Junior Disprol	W
		Senokot	W
		Supersoft	W M
		Oscar de la Renta	M
		Rimmel	M
		RoC	M
		Rochas	M
		Helena Rubinstein Armani	M
		Barynia	M
		Yves St Laurent Opium	M
		Paris	M
		Rive Gauche	M
		Tampax	W M
		Thornton & Ross Zoflora	M
		Ungaro Diva	M
		Wella Colour Confidence	W
		Nutracare	W
		Stylite	W
		Worth	M



# Now available

A new, high  
quality generic from  
Cox Pharmaceuticals

## ● Co-dydramol tablets x 500

(dihydrocodeine tartrate 10mg, paracetamol 500mg)

Profit from the **special introductory offer** by  
ordering sufficient quantities from your local  
Cox representative. Alternatively, 'phone  
Cox Pharmaceuticals on their new Special  
Order Line: (0271) 46720.



Further information is available from:  
Cox Pharmaceuticals,

A.H. Cox & Co. Ltd., Whiddon Valley, Barnstaple, Devon. EX32 8NS.  
Telephone: (0271) 75001.





Aquamaid are to re-launch Lipcote lipstick sealer and fixatives. The product will be supported by a television advertising campaign in the Granada region, November 3 and continuing for six weeks. POS material is available. *Aquamaid Co, Larkhall Laboratories Ltd, 225 Putney Bridge Road, London, SW15*

## Dietade's tasty promotion

Dietade Foods Ltd have just launched the first phase of a major promotion.

Between now and the end of the year it is expected that every potential purchaser over the age of 55 living in Brighton and the Tonbridge/Tunbridge Wells area will be mailed with informative literature. Some 40,000 of the mailings will also include a sample sachet. The mailing test will be supported by in-store tastings.

At the same time a new trade campaign gets under way, starting with direct calls on all independent chemists in the Eastbourne area, who will receive a special pack of information and POS material to introduce Emprote Pluss, which will be repackaged and reformulated in the New Year. And an account opening campaign aimed primarily at the independent chemists will be extended to the Midlands, London and Southern areas covered by the Central, Thames, STV and Anglia television channels.

With Emprote as the flagship brand, Pathfinders will also be pushing the Dietade fruit sugar, jams, jellies and desserts, and Whiteways cyder vinegar. *Dietade Foods Ltd, 325 Oldfield Lane North, Greenford, Middlesex.*

## Procol changes

Menley & James are reformulating Procol spansules with the removal of isopropamide iodide. From November 1 the formula will be changed to phenylpropanolamine hydrochloride BP 50mg, and the price is unchanged at £1.69 for eight. *Menley & James Laboratories Ltd, Welwyn Garden City, Herts.*

## Cystemme-atic treatment

The launch of Cystemme, Abbott's new OTC cystitis treatment — GSL but pharmacy only — will be backed by a national advertising campaign starting on December 3.

Full colour advertisements will appear in major women's magazines, including *Woman's Own*, *Woman's World*, *Woman*, *Cosmopolitan*, *She and Company*. Abbott estimate that 70 per cent of women aged 25 to 44 will see the advertisement at least five times in the campaign which runs through to April.

A range of promotional material including patient information leaflets, dispenser, shelf strips and giant packs are available.

For chemists, 100 prizes of champagne and glasses presentation sets will be awarded nationwide to winners in the Cystemme Display Incentive over the product's launch period. *Abbott Laboratories Ltd, Queenborough, Kent ME11 5EL.*

## PRESCRIPTION SPECIALITIES

**Co-dydramol tablets** will shortly be available from Cox Pharmaceuticals. They are packed in 500s and a special introductory offer will be available through Cox representatives or direct from *Cox Pharmaceuticals, Arthur H. Cox & Co Ltd, Whiddon Valley, Barnstaple, Devon EX32 8NS.*

**Roche** have repackaged their hospital-only retinoids Roaccutane and Tigason as to help female patients remember the pregnancy warnings. New blister packs of 56 capsules carry the appropriate warning on each blister strip of seven. *Roche Products Ltd, PO Box 8, Welwyn Garden City, Herts AL7 3AY.*

**An azo dye-free codeine linctus** is now available from May & Baker (2l, £7). The company has also introduced a two litre pack of simple linctus (£3.23). *May & Baker Pharmaceuticals Ltd, Rainham Road South, Dagenham, Essex RM10 7XS.*

**The Ortho-white flat spring** natural latex rubber diaphragm is now available on the Drug Tariff (£4.33 basic NHS) say *Ortho-Cilag Pharmaceutical Ltd, PO Box 79, Saunderton, High Wycombe, Bucks HP14 4HJ.*

**Precortisyl 25mg** (prednisolone) is now called Precortisyl Forte, say *Roussel Laboratories Ltd, Broadwater Park, North*



## Get the fizz

Ayerst are launching their BC500 vitamin B and C product in sachet form. The orange flavour granules will be presented in ten sachet packs (£1.50).

Each sachet contains 500mg ascorbic acid, 20mg calcium pantothenate, 5 micrograms cyanocobalamin, 20mg nicotinamide, 10mg pyridoxine hydrochloride 12.5mg riboflavine and 25mg thiamine mononitrate. The company says that profit on return is 44 per cent and a bonus of 12 as ten will be available from representatives. *Ayerst Laboratories Ltd, South Way, Andover, Hants.*

Holx diabetic chocolates are now distributed by *A.L. Simpkin & Co Ltd, Hunter Road, Sheffield S6 4LT.*

*Orbital Road, Denham, Uxbridge, Middx UB9 5HP.*

**Wyeth** have officially discontinued their Loramet and Serenid brand names. The company says that generic lormetazepam is now only available in generic tablet form. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH.*

**Rorer Pharmaceuticals** have added **atenolol tablets 50mg** (28, £4.88) and **100mg** (28, £6.98) to their range. *Rorer Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, Sussex BN21 3YG.*

**All stocks of Fluvirin** inactivated influenza vaccine (surface antigen) BP 0.5ml pre-filled syringe for 1986-87 have now been sold, say *Evans Medical Ltd, 318 High Street North, Dunstable LU6 1BE.*

**Acyclovir cream** (Zovirax) is now included in the Dental Practitioner's Formulary and can be prescribed by dental practitioners on NHS prescription forms.

**Mysoline oral suspension** is now available in a 250ml pack (£0.87 trade). *ICI Pharmaceuticals (UK), Alderley House, Alderley Park, Macclesfield, Cheshire SK10 4TF.*



CHEMIST &  
DRUGGIST

COUGHS & COLDS

*Special feature*



The No1 name  
for your  
customers.

**Only we can put it in writing**

● Proven clinical efficacy and now enjoying even more Pharmacy recommendations.

● Trusted in millions of households — more than ever in 1986.

● Supporting you with proven television advertising — bringing even more customers to your Pharmacy.

**WARNER  
LAMBERT  
HEALTH CARE**

The name people feel better with.

Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY



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Last year's flurry of activity was in response to the Government's limited list. And coupled with enormous advertising spends it does appear to have had the desired effect. The cough liquids sector was one of three categories reported to have directly benefitted from the list. Now the market is "quieter" on the launches, relaunched front, but consumers will be bombarded with cough and cold treatments throughout this Winter from the time they wake (breakfast television), on the way to work (bus-stop Ad-shells and hoardings), in their newspapers and magazines, and in the evening on prime time television. Saturation exposure is the name of the game but at what cost to investment in new products and reformulations which are sadly lacking? The New Year may well hold more promise.

A review of marketing activities begins with Warner Lambert who hope to build on the success of last season's campaign for Benylin with heavyweight advertising support throughout Winter 1986/87. An "aggressive campaign" initiated almost immediately the limited list was announced has paid dividends, says marketing manager David O'Sullivan, with Benylin firmly establishing its market leadership. Winter sales were up 20 per cent in value compared with market growth of around three per cent. Television advertising broke in October and new window display material will be available from January.

Day and Night treatment for 24 hour relief from coughs and colds has been

# Spend Spend Spend

**In the Press and on television is "where it's at again" this season in the £45m coughs and colds market. Manufacturers are building on the launches, relaunched and repackaging of 1985 with "biggest-ever" and "first time ever" spends. Perhaps this explains the apparent lack of innovation.**

relaunched, and is on television in Yorkshire backed by a £1.1m spend. "The product has been on the market since 1979, and holds a two per cent share without ever being advertised to the public," says Mr O'Sullivan. "We are not treating it as a re-launch but as a new product." Sinutab is also back on television in a £1m campaign.

Winter 1986/87 sees the company's biggest ever advertising commitment, says

Mr O'Sullivan but their support for the pharmacist continues with no reduction in profit margins.

Beechams' advertising spend is up 26 per cent on last year. Hot Blackcurrant drink joins Hot Lemon which Beechams say enjoyed a successful relaunch in 1985 with an increase in sales of 27 per cent. Both products will feature in a £1.5m advertising campaign of 10- and 30-second commercials which breaks this month.

Beechams Powder capsules showed a 31 per cent increase in sales last season on 1984-85 figures, and this Winter the company has committed £500,000 to a national television campaign which also breaks in November.

The strength of the Venos brand lies in it being the only major advertised cough remedy which is GSL, according to the latest Market Assessment report on the Home Medicare Market. Beechams continue to push its associated "lack of drowsiness" in a £1m television campaign which starts shortly.

The Trio decongestant range has been further developed with the reintroduction of child doses on 100ml Triominic and Triogesic syrups.

Wellcome launched a major promotion for Actifed in October with television advertising on all ITV stations running through to the end of the year. With over 75 "spots" the company estimates the campaign will reach 80 per cent of housewives eight times over. A further television campaign is



# Names they respect in packs they'll admire.

Such famous, impactful products like these, virtually sell themselves.

**BUTTERCUP SYRUP** comes in a bright and distinctive pack, with the strong and appealing Buttercup design. Once again we'll be advertising it with an intensive 4-week TV campaign running during the months of December and January. We'll be telling your customers loud and clear how Buttercup Syrup is the traditional way to soothe and relieve irritating coughs.

**BUTTERCUP SWEETS**, both flavours, Honey and Lemon and Original Recipe come in the same distinctive pack design. So handy. So soothing. Anytime.

**LIQUFRUTA** Garlic, Blackcurrant and Honey and Lemon flavours

are three of the most natural ways to soothe sore throats and troublesome coughs.

**GALLOWAY'S**. How could we improve on such a distinctive design, or on its strong reputation? Well, this year we'll be running a poster campaign in London throughout November.

To complete the eye-catching picture, we'll also be supplying you with point-of-sale material for each brand to move the products out of your shop even quicker.

So stock up with some of the most trustworthy family cough remedies in Britain, now. And make the packs that work for us work for you, too.



LRC Products part of

London International Group plc



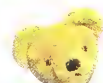
# Covering the country with Karvol commercials.



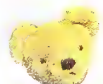
Announcing unprecedented support for Karvol.



The highly successful "Teddy Bear" campaign continues into 1987.



The biggest spend ever on network TV – £800,000.



The longest campaign ever – October to March.



Now also available in a 20 capsules economy pack.



Extensive PR programme, including playbus sponsorship.



New eye-catching point of sale material.



Make sure you're stocked up with Karvol.

## For noses and dozes





The Karvol Sweet Dreams bus currently touring the country

being finalised for the beginning of 1987, and the company hopes to sustain the growth of the brand, which they say increased by 90 per cent last year.

Actifed has been repackaged for more modern shelf appeal, says the company, and new POS material provides a link between the customer and the television campaign. Bonus deals are offered on Actifed compound linctus and expectorant.

**Reckitt & Colman** claim pole position for their Lemsip brand in the cold remedies market, taking a 30.3 per cent share by value in 1985-86, say R&C. Last season's television campaign is repeated this Winter featuring animated characters and focusing on the lemon taste and "real medicine" content of Lemsip. An on-counter display unit holding three sizes of Lemsip is available with the 16s "P" pack accessible only from the counter side.

**Richardson-Vicks** will support their Winter remedies range with a £1.5m television advertising spend in 1986-87. Vicks Vapo-Lem launched last year now gives the company an important presence in the lucrative hot lemon market which they value at £12m (rsp). A counter display unit is available for the entire Vicks coughs and cold range.

**Crookes** are supporting Famel linctus and expectorant for six months from October, with their first national and women's Press campaign for five years to reach an estimated 86 per cent of all women, they say. The company has also taken to the road with the Karvol "sweet dreams playbus" in conjunction with the National Playbus Association. The exterior decoration of the bus pictures the Karvol teddy bear, currently featuring in an £800,000 television campaign. It is the first time a decongestant has been advertised for a consecutive six-month period, says Crookes.

**Ciba Consumer Pharmaceuticals** claim market leadership in the £7.9m (rsp) decongestant market with Mucron. Relaunched and repackaged in 1985, the brand now has a 21.2 per cent share of sterling sales, say Ciba. Growth in this sector is described as "healthy" while an estimated growth of around 15 per cent is due to the limited list. Increased consumer sales are the direct result of an increase in advertising in the last twelve months, and Ciba say 39 per cent of the television advertising over the 1985-86 period was for

Mucron. Current television advertising will continue over the peak Winter months. Pharmacists and counter assistants will receive information packs under the campaign title a "clear-headed choice". Junior Mucron syrup has been repackaged for a "more modern image", and will be supported extensively this Winter.

Do-do decongestant tablets will receive their highest-ever advertising spend with a £500,000 campaign in the national Press from October to April.

Ciba claims market leadership in the topical decongestant market for Otrivine accounting for 50 per cent of all packs sold, with the packaging now redesigned for greater on-shelf impact, they say. The pharmacist can be more flexible in displaying the product since the legal category of the sprays and drops has been amended to GSL. Sales are still legally restricted to pharmacies only, but customers can now self-select. Over Winter 1986-87 the product will be supported by a £250,000 media campaign.

**A.H. Robins** will support Dimotapp LA on television again this Winter, after its successful television launch in 1985 with the theme "Dimotapp turns off that runny nose". Advertising begins soon and will be seen in various regions.

The company claims that its Robitussin range of cough syrups is now the fastest growing in the UK cough medicines market. In the six months to April 1986, the range grew by 156 per cent, say A.H. Robins. The sugar-free theme will be supported with a new counter display unit and information leaflets in January 1987. A Winter promotion competition offers pharmacists the chance of a trip to New York, sailing out on the QE II and flying back on Concorde. A £1m television campaign breaks in November with a PR campaign to promote consumer awareness of the sugar-free medicines.

**May & Baker** say Tixylix children's cough suppressant reached its highest sales levels in the Winter 1985 since its relaunch back in 1983. Sales for 1986 are already comparable with this figure, says the company, and are due in part to the reorganisation of the OTC sales force which now comes under the ethical team.

**Cupal Ltd** believe their "chemist only" policy has resulted in growth for Meltus in 1986. Advertising support will be given in November, and January/February 1987, and new additions to the range are imminent.

The company claims an 18 per cent increase by volume sales of its 10-hour capsules, and 65 per cent for Flurex tablets.

**LRC Products Ltd** are looking to further the popularity of Buttercup Syrup in the South and South-East of England in 1986-87. While it has always been a strong brand in the North, strong advertising, and trade support with a major relaunch in 1985 have



The "rainbow" window unit highlights Beecham's Winter brands

begun now to make inroads on the rest of the country, they say. A £400,000 six-week television campaign commences on December 27. Conversely Galloways has always been a strong brand in the South, and this season will be supported with an Ad-shel poster campaign at 450 sites in the London area in November. Wrights Vaporizer will be advertised with a £200,000 campaign on TV-am from January 5, 1987.

**Searle Consumer Products** say they have their "best ever" bonus deal currently running through their representatives. Window display and POS material for Lotussin using the "stop coughing" road sign is available, and a display card outlining "do's and don'ts" on taking and storing medicines.

**Chemists Brokers** who distribute TCP, claim sales increased by 19 per cent last year and around £2.4m will be spent on promoting the brand this year.

**Unichem** say members have capitalised on the selling opportunity presented by the limited list, and the resultant move towards OTC recommendation. Sales of their branded dry cough linctus, chesty cough syrup and cold capsules saw a sales increase of 77 per cent in 1985.

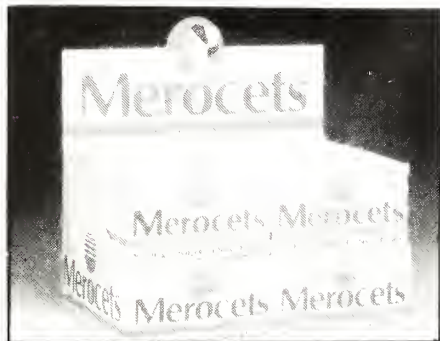
**New Era's** "Q" tablets for catarrh and sinus, and "J" tablets for coughs and colds together with Höfels Garlic Pearles and Seven Seas cod liver oil are currently being promoted with a special offer from Seven Seas Healthcare representatives. "J" and "Q" tablets feature a new easier-to-open lid and carry an information leaflet on top.

**Sanderson's Chemists Ltd** are relaunching their cough and throat remedies in 1986 with their first above the line promotional activity in five years. National and local Press advertising will support the product with a bias towards the Northern editions of the national dailies and Sunday newspapers, says the company. Television advertising begins early 1987 in the Granada region. Sandersons are looking to reposition the product range among housewives in the 30-plus age group. Bottles and packets have been redesigned for stronger brand identity.





New packaging for Merocaine and Merocets



## Statistics

(Figures exclude Boots)

### Cough, cold and influenza remedies

Year	1984	1985
GB total market	£24m	£29m
Share	%	%
Multiple pharmacies	15.6	16
Independent pharmacies	81.3	80.8
Drug stores	3.1	3.2

### Cough, cold pastilles and lozenges

Year	1984	1985
GB total market	£11m	£13.5m
Share	%	%
Multiple pharmacies	17.2	17.1
Independent pharmacies	72.5	72.1
Drug stores	10.3	10.8

### Nasal sprays and drops

Year	1984	1985
GB total market	£3.5m	£3.5m
Share	%	%
Multiple pharmacies	16.1	16.6
Independent pharmacies	79.1	78.2
Drug stores	4.8	5.2

### Oral decongestants

Year	1984	1985
GB total market	£4.5m	£5.5m
Share	%	%
Multiple pharmacies	17.1	18.2
Independent pharmacies	82.3	81.2
Drug stores	0.6	0.6

### Vapour rubs

Year	1984	1985
GB total market	£1m	£1.2m
Share	%	%
Multiple pharmacies	16.4	17
Independent pharmacies	69.2	69.4
Drug stores	14.4	13.6

Source: A.C. Nielsen

**'It wasn't the cough that carried him off...'**



Ernest Jackson put Throaties on television

... but portability is a key word for this season's new product launches in the medicated cough sweet/lozenge market — now worth somewhere between £40-£60m, say trade sources.

Launch activity in this sector is a little more exciting than the cough liquids and colds area. **Reckitt & Colman** are test-marketing Brontyl in the Granada television area, describing it as a "new concept" in the relief of dry irritating coughs (C&D September 20, p452). **Warner Lambert** have introduced Mediquell now being tested in Scotland (C&D October 4, p554).

**Merrell Dow** have redesigned the packaging for their Merocets antibacterial throat lozenges to give the product a "stronger presence in the pharmacy". Now in a landscape design the packs present themselves for easy self-selection, the company says. Similar repackaging has taken place for Merocaine anaesthetic antibacterial lozenges.

**Crookes** are supporting Strepsils with a campaign which includes the "longest and strongest" television advertising yet for the brand. In a £1.2m national campaign the 20-second Welsh choir commercial will be seen throughout the Winter. Running alongside is a complementary PR campaign with an educational theme aimed at schools, health visitors and GPs. Pre-packaged POS display units holding six packs of each variant with header panels — "solid medicine for sore throats" are available.

**Beechams** have added a new flavour to their Mac throat lozenges, Macs medicated mint. The brand is being supported by a £600,000 advertising campaign, and will be available in a carton this month.

**Halls** are running a two-part advertisement campaign for Halls Mentholypus this Winter. A £1.5m television advertising campaign broke in October and goes national in January. The packaging has been redesigned, and a 70g pack size of Original now replaces the 110g.

**Barker & Dobson** have brought back the traditional stronger taste of Victory V throat lozenges this Winter. And the company is spending more than ever before on supporting the medicated range. Press advertising will centre on specialist outdoor sports magazines, targeting the younger consumer aged 15-24. Free overmount samples of Victory V traditional will appear

on the November issue of *Bike*.

**Mars** are investing £3.5m in their "biggest-ever" television advertising campaign for Tunes and Locketts. The campaign broke in October and runs through the peak selling Winter months. On-pack promotions for Tunes "sounds easy" and Locketts "double tickets" involve customer phone-ins.

**Ernest Jackson** will be targeting the 16-34 age group in their national television campaign for Throaties. The two 20-second commercials feature actress Patricia Hayes and will be seen from early January in Thames, Central, Granada, Yorkshire, Anglia, TVS and TSW regions.

**Simpkins Ltd** are running an Autumn promotion on their extensive range of lozenges including the Teddy range for children. Purchase of eight assorted units gives a counter unit of 18 assorted medicated cartons free (retails at £7.74).

**Lofthouse of Fleetwood Ltd** are supporting Fisherman's Friend throat lozenges and cough syrup with a national television campaign which breaks in January. The commercial will be targeted at a younger age group for the first time, says managing director Mrs Doreen Lofthouse. Ad-shel advertising will be used for the first time in the London area from November, and the current Marks & Spencer voucher offer to retailers runs until December 31. Advertisements may also be carried in the Angling Press later this year.



Brontyl a "new concept" say R&C



# THE CLEAR HEADED CHOICE

# MU-CRON



## MODERN, EFFECTIVE FORMULATION

ew formulation Mu-Cron works effectively in two ways to  
the misery of nasal congestion. Each tablet contains 25mg  
nylpropanolamine HCL, combined with 500mg of  
tamol. Mu-Cron tablets are a medically and  
ecologically rational treatment for sinus and nasal  
sion without drowsiness, and the relief of associated  
che and facial pain.

## MODERN PRESENTATION FOR

## PATIENT COMPLIANCE AND SAFETY

u-Cron is now presented as a single dose strength, and  
easy-to-swallow capsule shape. Patient compliance is significantly  
enhanced with this new presentation. Patient safety is enhanced by new  
strip packaging that includes dosage instructions on each strip,  
ets and dosage instructions are never separated.

## MOST POPULAR ORAL DECONGESTANT

dependent Chemist Trade Research confirms the leading position held by  
on. Since 1959, the brand has been firmly established as a significant and  
name in OTC medication. More people continue to choose Mu-Cron than any  
oral decongestant.

## MOST CONSISTENT SUPPORT FOR YOU

vertising support, featuring both TV and consumer press, at the right time and  
right places, forms the key-stone of Mu-Cron's publicity campaigns. Excellent  
e displays are provided to support these campaigns. Consistently high profits  
urn, linked to high volume sales, puts more money in your till.

# MU-CRON

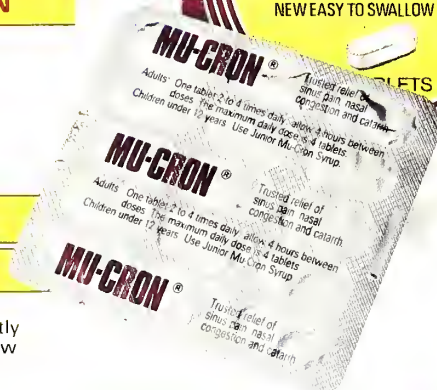
## THE CLEAR HEADED CHOICE

## FOR YOUR CUSTOMERS, AND FOR YOU

### PRESCRIBING INFORMATION

**Product Information [P]** Presentation: Blister packed tablets containing phenylpropanolamine hydrochloride 25mg paracetamol 500mg. Indication: To relieve  
of paranasal sinusitis, nasal congestion, perennial rhinitis and catarrh. Dosage: Adults 1 tablet two to four times daily; maximum 4 tablets in 24 hours. Caution: Do not  
ents with hypertension, hyperthyroidism, diabetes, heart disease or those taking MAOIs. Side Effects: Rarely dizziness, headache.

**Junior Syrup** **Product Information [P]** Presentation: 100ml bottle of pleasant strawberry flavoured liquid containing phenylpropanolamine hydrochloride 10mg and  
sin 25mg per 5ml. Indication: To relieve the symptoms of nasal congestion, rhinitis, catarrhal nasal discharge, catarrhal cough and night cough. Dosage: Children 2 to 6  
in 5ml spoonful. 6 years up to 12 years one 5ml spoonful. To be taken up to five times daily. Caution: Not recommended for children under 2 years. Side Effects: Rarely  
headache.



**CIBA**  
CONSUMER PHARMACEUTICALS



## Analgesics: all change

Ibuprofen is the increasingly popular choice for an analgesic with year on year volume growth put at nearly 50 per cent (trade sources). The loser would appear to be aspirin, which has not been helped by the withdrawal of paediatric brands after a suspected link with Reyes' Syndrome.

The analgesics market is put at £95m rsp (1985), by Market Assessment in their Home Medicare (Report 1986), with around 61 million packs sold. Indications are that the total UK consumption of analgesics, both OTC and NHS, has been fairly constant since 1978, but the OTC sector has grown a third in volume, and a half in value with a corresponding fall in NHS volume. Consumption has moved steadily away from the NHS into the "private" OTC sector, and the main reason, says Market Assessment, is the increase in prescription charges (20p in 1979, £2.20 in 1986).

Segmentation of the market is in a state of flux with ibuprofen growing strongly. Sales of compound brands also increased in 1985, as a result of Solpadeine the leading formulation, being excluded from the limited list, says Market Assessment. Aspirin

sales are suffering as a result of the above factors. Market share by volume has fallen behind that of paracetamol, although aspirin's share by value remains ahead because of branded product buying. It is too early to say if there has been a "knock-on" effect for aspirin products, following the decision by the Committee on Safety of Medicines to withdraw paediatric aspirin in June, after evidence of a possible link with Reye's syndrome.

Opportunities for growth continue to lie in range extensions, new product innovations, and retailing developments with subsequent advertising support. The strategy of "usage segmentation" is the general trend for new launches, illustrated by two launches in 1985 — Whitehall Laboratories' Seclodin, and Ciba's Librofem — both for period pains.

## 1985's investment pays off

As they go into the Winter season, the news for manufacturers and pharmacists alike is encouraging, says Syndicated Data Consultants Ltd. Cough, cold, analgesics, and vitamins markets continue to grow, with the chemist sector and "P" products taking an increased share. But manufacturers still need to attract new customers if this is to continue.

**Table 1**

Outlet Shares — total OTC cold treatments (including analgesics used to treat colds, excl vitamins)

	£122m
Boots	28
Other chemists	49
Total disc/drug	5
Grocers	15
Others	3

y/e Aug '86

Source SDC Ltd

## Statistics

The marketing activity of last season initiated by the limited list, has paid off. Consumers were persuaded to buy more and more different products to treat the same ailment, says SDC's Glenn Flackett.

This is despite the fact that the incidence of coughs, colds, and headaches was down year on year, and consumers are showing an increasing tendency to buy cheaper generic or private label products when available, he

**Table 2**

Total OTC Cold Treatments (including analgesics used to treat colds, excl vitamins)

Buying three or more products	11	19	24
Buying two products	23	30	34
Buying one product	66	51	42
	y/e Aug '84	y/e Aug '85	y/e Aug '86

Two weekly penetration = 11.2% 11.0% 10.7%

says. "However, although price is important, it is worth noting that the most buoyant brands are the premium, heavily marketed Benylin, Beechams Capsules/tablets and their Day/Night Nurse", says Mr Flackett.

The proportion of adults now buying three or more different OTC cold treatment products in any one two-week period is more than double two years ago. "It seems that instead of expecting one product to deal with all their symptoms, they are treating each symptom separately," he says.

While the number of people obtaining prescriptions for minor ailments has decreased dramatically (from 26 per cent to 16 per cent), there is no increase in the actual number of people buying OTC products. SDC research shows that the response of many ex-prescription takers is to take nothing. Glen Flackett says, "Without an increase in the incidence of colds and flu this winter, it will be difficult for manufacturers to increase the already high level of consumption of products shown recently by "OTC takers".

**Table 3**

How people treat their cold and flu symptoms Year ending August 1986

	%
Took nothing	36
Buy an OTC product	21
Ask someone else to buy an OTC product for them	4
Use a product they already have	29
Get a prescription	16

Source SDC Illness Monitor



# "Aaah!"



Last year, sales of Strepsils soared by 16% (Nielsen). This year there are more solid reasons than ever before why you will be sharing in the Strepsils success story. The No. 1 sore throat remedy sold through chemists looks like reaching record levels of demand this winter with:

- £1.2 million national TV campaign covering the whole winter season.
- A new, brighter pack design.
- A new, space-saving pre-packed display unit.

So don't be left out in the cold.  
Stock up with Strepsils now.



# Strepsils

## Solid medicine for sore throats

A  PRODUCT





## AS EXPECTED, OUR ITALIAN CAMPAIGN HAS CREATED AN EVEN GREATER DEMAND FOR OUR TISSUES.

Sales of Kleenex<sup>®</sup> facial tissues have increased by a magnificent 12%<sup>°</sup> already this year, helped by our latest commercial—the charming film with the little boy and the tearful Italian granny.

So now we don't just make Britain's favourite range of facial tissues . . . our sales are greater than those of all rival brands *combined!*

And it's not over yet: watch and listen as Kimberly-Clark spend a further £500,000 on TV and radio this autumn to increase demand still further.

Even now the extra softness of a Kleenex tissue may be soothing away the tears on our competitors' long faces . . .



### BE ASSURED BY THE MARK OF

\* Reg. Trade Mark: Kimberly-Clark Corp.

° Tissue Industry Audit. Periods 1-8.



## Kimberly-Clark



**A** malformation is the result of exposure to a teratogen at a crucial time during pregnancy. Not all women exposed to a teratogen will give birth to a child with a malformation — there must therefore be an inherent susceptibility to that effect. Foetal development occurs at a similar rate in all individuals, and the timing of the exposure during the first trimester will therefore determine the nature of the malformation. Exposure to a teratogen at 36 days may cause cleft lip, whereas at six weeks it may cause heart defects. In theory, even intermittent drug use during the first trimester might cause a malformation.

By contrast, exposure during the second or third trimesters may need to be more sustained to produce a permanent effect, since the critical stages of organogenesis are complete. However, all drugs in common use cross the placenta (insulin is a notable exception), and can be expected to exert a pharmacological effect on the foetus.

The analysis of data on drug use in pregnancy is complex, and is further complicated by two factors. First, with the exception of a handful of "high grade" teratogens — for example, the retinoids or thalidomide — drug-induced malformations are rare, and large numbers of pregnancies must be studied to provide statistically meaningful data. Second, there is a baseline rate of malformations which occur without apparent cause.

This combination makes the occasional isolated report of a malformation of limited value in defining teratogenic risk. Very large studies, or a consistent trend in the nature of malformations reported in isolation, are required before such a risk can be assumed. This quality of information is rare even with widely prescribed drugs, but cough and cold remedies (CCRs) are bought only occasionally, and are taken erratically and frequently in combination. An accurate description of their use is therefore difficult to achieve so studies on the use of CCRs during pregnancy require cautious interpretation.

## Risks

CCRs typically contain an expectorant, a sympathomimetic (eg pseudoephedrine), an antitussive (eg dextromethorphan), a sedative (eg promethazine), and an antipyretic such as aspirin or paracetamol. A large, prospective study conducted in the USA analysed the outcome of 2,277 pregnancies exposed during the first four months to cough medicines. These mixtures included some drugs widely used today — such as ammonium chloride — and others, like potassium iodide, that are now less common. Overall there was no significant risk of malformation associated with these drugs.

Similarly, no significant evidence was

## A cough, a cold, and pregnant: what to recommend

**Exposure to a teratogen during the first trimester can cause malformations, and may impair foetal development during the second and third trimesters. When considering whether to use a drug during pregnancy, the standard advice is to proceed with treatment "if the benefit outweighs the risk". However, as pharmacist Stephen Chaplin points out, the assessment of benefit and risk is seldom straightforward.**

found that antihistamines like promethazine and diphenhydramine were associated with malformations, although in one more recent study the incidence of cleft palate was higher following exposure to diphenhydramine in the first trimester. Of 65 women who had taken brompheniramine, ten gave birth to malformed infants — significantly more than expected. However, research is needed to substantiate risk.

By contrast, sympathomimetic drugs such as phenylpropanolamine, ephedrine, and phenylephrine, were found to be associated with a significantly increased risk of minor problems, inguinal hernia, clubfoot, and eye and ear malformations. The excess risk was small and, bearing in mind the problems of interpretation alone does not prove that these drugs are teratogenic. Other factors — eg viral infection — may have contributed to the risk and were not controlled for.

Less information is available on antitussives. Evidence from 300 exposures to dextromethorphan suggested no increase in risk, but little is known about pholcodine or noscapine. A significant excess risk of respiratory tract malformations was associated with codeine, but case numbers were small. Other studies have found a link between narcotics, including codeine, and a spectrum of unassociated defects, but each of these had methodological failings affecting its conclusions. Furthermore, the dose of codeine used for analgesia was likely to be higher than that used in CCRS.

The effects of CCRs given during the second and third trimesters are even less clear. There are no data on their effects on foetal development, and although pharmacological effects are to be expected their consequences — if any — are unclear.

The safety of aspirin in pregnancy has been widely studied but the results of several large trials are contradictory. High doses and prolonged use have been associated with oral clefts, congenital heart disease, intrauterine growth retardation, and high perinatal mortality, but other studies have not supported these findings. When given within a week of delivery, aspirin affects clotting in both the mother and neonate.

Less information is available on paracetamol, but what there is does not indicate a significant risk during pregnancy. Paracetamol is therefore the analgesic of choice, but the occasional use of aspirin probably carries little risk.

These data are reassuring but the suspicions raised about the safety of sympathomimetics and some antihistamines during the first trimester indicates the need for caution. Occasional use during the second or third trimesters may carry little risk, but there is a lack of data from which to draw a logical conclusion.

## Benefits

CCRs do little more than reduce the severity of symptoms. This may ease a few day's discomfort but coughs and colds are usually self-limiting and the benefits of CCRs are therefore small. The complications which may occasionally follow a cold — for example, a persistent respiratory tract infection — are more serious, but there is evidence CCRs reduce their incidence.

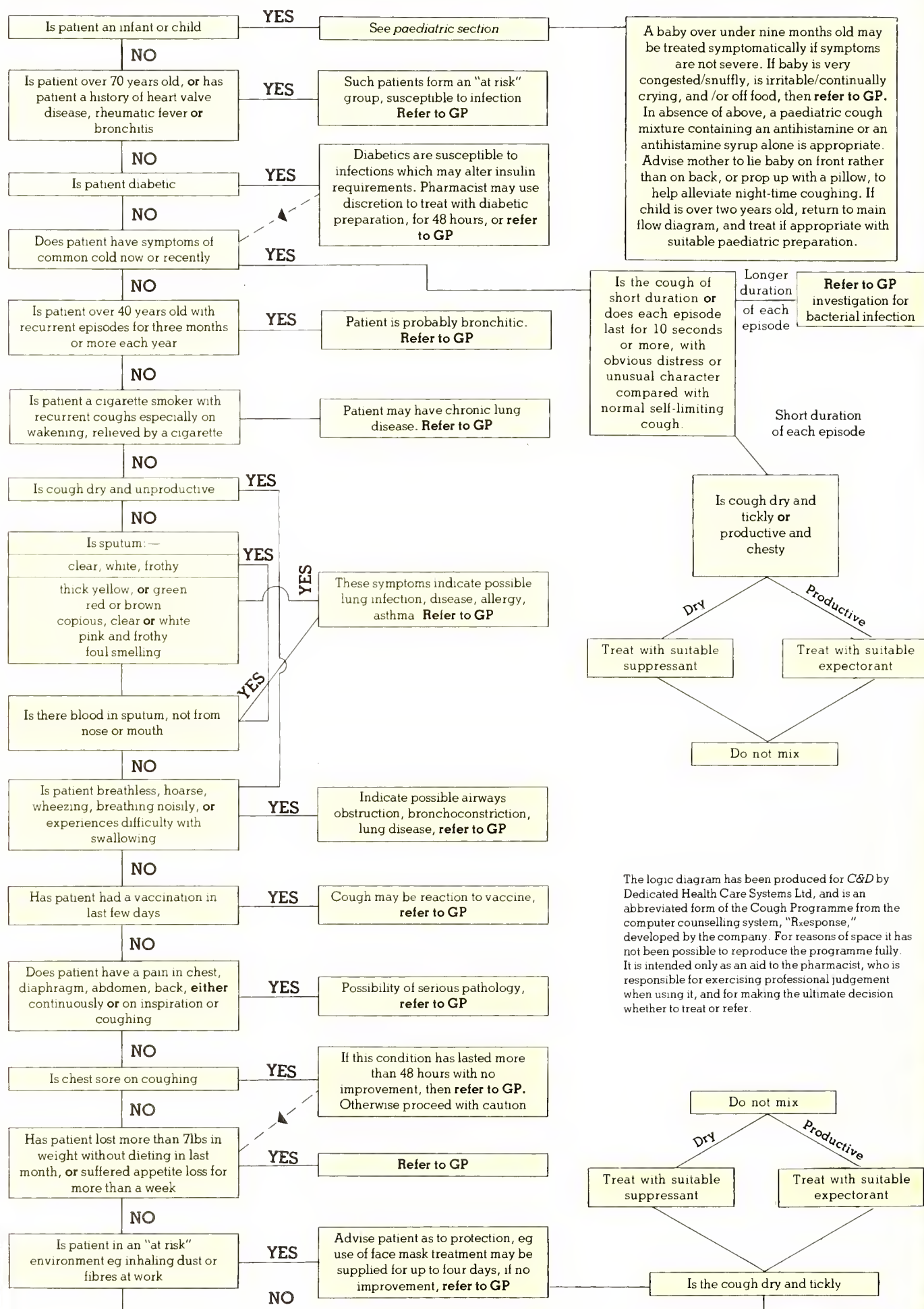
## Conclusions

If a pregnant woman in the first trimester wants to know if she can safely take a CCR, the small benefit must be weighed against what is possibly a small risk. However, the risk:benefit ratio in potential foetal exposure is different from that when exposure has already occurred — for example, when a woman may have taken a CCR without knowing she was pregnant. Available evidence indicates little excess risk although any hazard that may arise will be greater if CCR use is prolonged, and will be reduced by intermittent use. At other times during pregnancy, the foetus may be affected by CCRs but there is little evidence that this is either safe or hazardous. Any risk to the foetus can be minimised by avoiding combinations, using instead a simple antipyretic such as paracetamol.

Stephen Chaplin, MPS, is the staff pharmacist, Regional Drug Information Unit, Wolfson Unit of Clinical Pharmacology, Newcastle-upon-Tyne.



# COUGHS AND COLDS





# Famel is filling the headlines again. Is it filling your shelves?

- \* Announcing the return of Famel advertising.
- \* Extensive press campaign from October to March.
- \* Appearing in women's magazines and national newspapers.
- \* Being seen 12 times by 88% of adults.
- \* Fill your shelves with the full Famel range to meet the demand.



**Famel. Famous for fighting off coughs.**



**T**he cough reflex is a protective mechanism that rids the respiratory tract of inhaled foreign bodies, and also enables it to get rid of sputum. We can cough voluntarily but as a reflex, a phenomenon which initiates motor action as a result of a sensory impulse, and is not under conscious control.

Coughing is made up of the following three components; the sensory nerve endings of the respiratory tract's most sensitive point near the tracheal bifurcation are stimulated; these relay messages to the cough centre which is located in the medulla oblongata; and the motor nerves, which carry impulses from the cough centre to the diaphragm, intercostal and abdominal muscles which elicit the act of coughing.

The reasons why we cough are numerous but exclusion of serious underlying illness is essential. In children persistent nocturnal coughing may be a sign of asthma and parenchymal lung disease, and can be missed if the patient is not examined. In adults smoking, environmental and psychological factors may be important, and inflammatory and neoplastic lung conditions can present as a cough. Heart failure is also a cause.

The primary defence mechanism of the trachea-bronchial tree against all types of inhaled particles is the muco-ciliary escalator, comprising of a layer of cells with fine hair-like processes (or cilia) on which lies a layer of mucus, the mucus blanket. Cilia work only under a layer of mucus and they engage in a well co-ordinated "lashing" motion in a forward direction, which moves the mucus or any particles stuck to it.

### "Wet" cough

Coughing occasionally increases muco-ciliary clearance in normal subjects but this becomes more pronounced when secretions are increased in respiratory infections. When there is serious airflow obstruction (in chronic bronchitis or asthmatics) the linear velocity which can shear secretions from airway walls in normal people may be inefficient and tiresome in these patients. Inflammation of the airways due to viruses, bacteria or allergy increases mucus secretion and chronic exposure to cigarette smoke leads to an increase in the number of goblet cells which secrete mucus. There are many factors which affect muco-ciliary clearance. Drugs such as guaiphenesin and bromhexine, exercise and hyperventilation increase it; age, asthma, chronic bronchitis, influenza and smoking decrease it.

In many cases the expulsive force of the cough is capable of removing unwanted material adequately, and this is known as the "productive", "useful" or "wet" cough. It may be a cough with a plentiful supply of thin secretions, but can be one in which the sputum is scanty and tenacious. In such

## The cough reflex: how medicines suppress it

**A cough is one of the commonest symptoms presented to GPs, and its treatment is dependent on making a precise diagnosis of the cause, says Dr Elwyn Williams, senior medical adviser at the Wellcome Foundation. But the symptomatic relief afforded by cough suppressants can make a considerable difference to patient comfort. C&D looks at how they work.**

cases an expectorant may be indicated to increase the quantity of mucus and make it less viscous.

In a dry cough there is likely to be little or no production of sputum. This type of cough is produced where there is an inflammatory change in the upper or lower respiratory tract, the congested oedematous state of the tract acting as a trigger. The coughs of allergy, flu etc are examples of this type and an antitussive may be necessary. The other type of cough is described as "wet", where there is production of sputum. But where either the sputum is too thick and tenacious to be removed by the cough or where the cough is too weak to remove the sputum. Here again an expectorant might help.

Severe protracted coughing may cause loss of sleep, debility, nausea, vomiting, emphysema, rib fracture and occasionally post-operative disruption of wounds.

Expectorants are usually defined as substances which reduce the viscosity of bronchial secretions and/or aid their removal by coughing. They can work in several ways; those which increase the volume of respiratory secretions by stimulation of bronchial cells by a reflex action, eg ammonium chloride or guaiphenesin, or by direct stimulation, eg menthol, chloroform or eucalyptus.

Reduction in the sputum viscosity by a direct action on bronchial secretions is possible by inhalation of water vapour to "hydrate" the mucus and make it less tenacious; or by a chemical action that breaks down the mucus (mucolytic), thus reducing viscosity, eg bromhexine or carboxymethylcysteine. Finally muco-ciliary clearance can be increased with guaiphenesin and bromhexine.

There are several expectorant-decongestant mixtures available and logically, concomitant relief of nasal and lower respiratory tract congestion may be possible. No single agent is capable of both effective decongestant action for the upper and lower respiratory tract, and stimulating changes in muco-ciliary clearance and mucus viscosity.

### Mucosal congestion

In most cases of cough, productive or unproductive, there is a degree of mucosal congestion. This congestion can be the sole cause of the cough. Alternatively, cough *per se* produces a congestion of the respiratory tract. As upper respiratory congestion is frequently associated with diseases producing cough, an expectorant/decongestant mixture can help. The expectorants/mucolytics which are available include bromhexine, which alters the characteristics of sputum *in vitro*, and carboxymethylcysteine, which is supposed to break down mucus, thus reducing viscosity.

**Ammonium chloride** is frequently used in cough preparations, possibly acting by increasing mucus secretion via a stomach reflex. **Ipecacuanha** is thought to work by irritation of stomach mucosa in a similar way to ammonium chloride.

The **antitussive** agents which are widely used are all derived from opium or morphine and are generally thought to exert their antitussive action by depressing the medullary cough centre. But in recommended dosages they do not suppress coughing completely, only reduce intensity and frequency.

**Dextromethorphan** is a narcotic derivative without sedative properties. Its side effects are similar to codeine but occur with a much lower frequency and less severity. Abuse potential (physical dependence) is small. **Codeine**, traditionally is the standard by which other antitussives are judged either in clinical or experimental work. Side effects tend to be mild but constipation, drowsiness and nausea may occur. Physical dependence may occur after high prolonged usage. **Pholcodine** is similar to codeine but has less respiratory depressant actions. **Noscapine** is again similar to codeine but has less sedative properties and may have bronchodilatory effects.



# A SPOONFUL OF SUGAR HELPED THEIR MEDICINES STAY DOWN



## ROBITUSSIN - NOW THE U.K.'s FASTEST GROWING RANGE OF COUGH MEDICINES

When the cough medicines market grew by only 16% in the 6 months to April '86, sales of Robitussin rocketed by 156%\*. A figure not to be sneezed at.

And being a completely sugar free range of cough medicines gives us something to make a song and dance about. Which is why we're spending over £750,000 on television telling consumers about Robitussin for all the family — the medicines without the spoonful of sugar.

So this winter you can watch our sales rocket even further — in the most delightful way, of course.

(Year on year comparison). An independent source.

**ROBITUSSIN®**  
**NO SUGAR. NO DROWSINESS.**

H. Robins Company Ltd., Langhurst, Horsham, West Sussex. Tel: Horsham (0403) 60361.





A young It  
eyes are  
dips idly into  
throat lozenge  
Suddenly... P

An odd sce  
to Italian televi.  
they may see  
this advertise... up to ten times an evening  
during the Winter months. And, however  
novel this marketing approach appears, it  
obviously appeals to the Latin lover —  
because Italy is the biggest export market  
out of 45 countries that Lofthouse of  
Fleetwood Ltd distribute their lozenges to.

The international appeal of Fisherman's  
Friend continues to be a source of "absolute  
amazement" to managing director Mrs  
Doreen Lofthouse. But it gives her immense  
satisfaction and pride too. For it was her  
single-minded belief in the product's  
potential that is the foundation of the  
company's success.

She can recall very different times.  
Times when Fisherman's Friends were  
known only to Fleetwood locals and  
holidaymakers visiting the port. When the  
lozenges were packed on a dining room  
table in the Lofthouse home, and stored to  
overflowing under the beds and in the  
garage. When son Duncan, now company  
secretary, walked in from school and was  
told "Forget your homework, get packing".

Many companies have risen from such  
humble beginnings; remember Jesse Boot?  
What is so special about Lofthouse? Well,  
both the short timespan in which the  
company has risen to prominence, and their  
successful international marketing of a  
product that has such a traditionally British  
image — not one you would expect to  
translate well to Australia, Italy or Trinidad.

But remembrance of how it all began is  
encouraged at Lofthouse. As visitors to the  
factory climb the stairs in the main building  
they come face to face with an authentic  
replica of the chemist's shop where the  
lozenges were first made. Fisherman's  
Friend did not start life as a lozenge, but as a  
cough liquid. However, Fleetwood  
trawlermen who took the preparation to sea,  
complained that the bottles broke in rough  
weather, and so the lozenges were  
formulated and are unchanged to this day.

Towards the end of the 1950s and early  
'60s Doreen Lofthouse was working in one of  
two shops owned by the Lofthouse family. It  
was a seasonal shop, open during the



## Fisherman's international appeal

**Lofthouse of Fleetwood Ltd, manufacturer's of Fisherman's Friends, have just completed a flm expansion at their Lancashire factory which next year will produce 170 million packets of the lozenges for distribution worldwide. Managing director Mrs Doreen Lofthouse (pictured above with husband and chairman Tony, and son Duncan, company secretary) talks to C&D about changes in the family's fortunes.**

Summer to sell patented medicines to  
holiday makers. "I realised then just how  
well cough and cold remedies sold, even  
during the Summer months", says Mrs  
Lofthouse. "I thought we'd be far better off  
selling our own." And so she began to sell  
Fisherman's Friends to the holiday makers.  
That Winter when the shop closed, Mrs  
Lofthouse decided to try her luck a little  
further and sell the lozenges to pharmacies  
outside Lancashire. Armed with nothing  
more enticing than a cardboard box full of  
lozenges she set off. She soon realised that  
the fame of the little lozenges had spread but  
says she was still astounded every time she  
got an order.

Her family was less enthusiastic at that  
stage, she says. "They thought I was a little  
bit mental. They nearly threw me out,

because I was up all night packing the  
product." However, the fame and  
distribution of Fisherman's Friends grew,  
and eventually the whole family were won  
over. They decided that if they were going to  
market them properly then they would have  
to relinquish the retail side of the business,  
and concentrate on the manufacturing and  
distribution of the lozenges.

In the late '60s a tramshed was  
purchased for £3,000 and, armed with  
paintbrushes and whitewash, the family set  
to, converting it into a packaging depot. An  
old packaging machine was acquired for a  
further £3,000 — the whole venture  
representing an "enormous gamble". But a  
gamble that paid off. Within two years the  
tramshed was too small and the company  
moved to a 20,000 sq ft site in 1972. The  
recent expansion has increased this to  
100,000 sq ft producing 4,000 tonnes a year  
(around 15 tons a day).

In 1975, Lofthouse sold its first export  
order — one case of Fisherman's Friends to  
Norway. They now sell one packet for every  
two people in the country.

The rest of the Scandinavian countries  
soon fell, and Germany and Holland, then  
the sales company said casually, "How about  
Italy?" "I thought forget it. It will never sell  
there", says Mrs Lofthouse. "The cold  
Northern countries yes, but not Italy". She  
was happy to be proved wrong, and three  
million packets were sold there last year.  
Recognition of the company's export  
achievements came in 1983 when they were  
awarded the Queen's Award for Exports.  
Both the award and a recent appearance on  
BBC2's "The Money Programme", Mrs  
Lofthouse believes have added prestige to  
the product.

Looking back on the company's  
achievements over twenty-five years, does  
Doreen Lofthouse feel that she would have  
done anything differently — she openly  
admits that she was very naive in the  
beginning and learnt the business as she went  
along. "If I had known then what I know  
now, then perhaps things would have  
happened more quickly", she says. "But I  
don't think I'd have had it any different."  
And if she allows herself a small pat on the  
back when she remembers the early days  
then she might be forgiven — "The  
packaging is awful, the taste is even worse,  
you'll never do anything with that," she was  
told. But she did.



**ALSO IN HANDY  
PASTILLE FORM**

## Sanderson's Throat Specific

**FOR SORE THROATS, LOSS OF VOICE, HOARSENESS, CATARRH**

Sandersons (Chemists) Ltd., Bolton  
Distributors — Pharmagen Ltd



# Professional 'suicide' to relax supervision rules

**Council member Ashwin Tanna gives his personal view of Nuffield's stance on relaxing the rules requiring a pharmacist to supervise medicine sales and dispensing within a pharmacy, and favours maintenance of the status quo.**

The Nuffield Report advocates that the law should be relaxed to enable pharmacists to leave the premises for a "limited period" to undertake professional activities elsewhere without bringing all pharmaceutical work to a halt. The recommendation was that during a short period of absence a pharmacist should be regarded as remaining in personal control of the pharmacy provided he or she could be contacted either in person or electronically. Another Nuffield ambiguity was the suggestion that, in the pharmacist's absence, staff in the pharmacy would be allowed to do neither more or less than they were permitted to do in the pharmacist's absence.

Section 70 of the Medicines Act states that the sale of the medicines is required to be under the personal control of a pharmacist. This is generally interpreted as allowing a pharmacist to be absent from his business for only a relatively short period of time, provided no sale or supply of medicine takes place. By law, such sales can only be performed by, or under the supervision of, a pharmacist. Is there a real need for relaxing the present law on personal control? I believe not because the present law maintains the highest standards required by the profession.

## Restrict medicine sales

The Nuffield proposal on supervision suggests that the sale of the medicines be restricted to pharmacies only, and the dispensing of medicines should be a matter of professional practice rather than detailed in the statutes. To accept such a recommendation, either in part or as a whole, we must examine Section 52 of Medicines Act which states:-

"No person, in the course of a business carried on by him, shall sell by retail, offer or expose for sale any medicinal product which is not a medicinal product on the General

Sale List (GSL) unless:

a) that person is, in respect of that business, a person lawfully conducting a retail pharmacy business.

b) the product is sold or supplied on premises which are registered pharmacies.

c) that person (or if the transaction is carried out on his behalf by another person) then that person is, or acts under the supervision of, a pharmacist."

Although we are mainly concerned with Section 52 (c), we must also bear in mind the implication it may have on 52 (a) and (b).

If Section 52 (c) was repealed *in toto*, this would fulfil the wishes of those pharmacists who agree with the Nuffield recommendation. This would require a major change in primary legislation. Removal of 52 (c) would allow the multiple drug stores and grocery chains to argue for the elimination of pharmacy only medicines restricted to pharmacies. At present there is no statutory list of pharmacy medicines; in fact "P" medicines, as such, are not mentioned at all in the Medicines Act — the only statutory lists being of POM and GSL drugs. Removal of 52 (c) would also enable other bodies to put forward arguments to repeal Section 52 (a) and 52 (b).

## Adding and subtracting

The Pharmaceutical Society has been pressing for Regulations to be made under Section 66 of the Medicines Act to control the basic standards in pharmacy premises. The Department of Health is reluctant to consider such Regulations, although slight progress has been made. Yet there are those who would like to eliminate or remove the power we have under Section 52 (c)! It would be suicidal to remove such powers since it could expose certain situations in non-pharmacy outlets and make it much harder to bring a case before the Statutory Committee for the sale of a "P" medicine, or dispensing of a POM in the absence of a pharmacist.

The other alternative is to redefine the word "supervision", since it has never been defined in the Act or any of its subordinate legislation. To formulate a satisfactory legal definition acceptable to the profession would not be an easy task. For years the word "supervision" has been interpreted as... the pharmacist must be aware of what is going on at the counter and in a position to supervise the activities of the staff making individual sales. And therefore be in a position to stop the sale taking place if the

need arises!

It has also been suggested that the law could be relaxed so as to permit the handing out of checked prescriptions in a sealed bag in the absence of a pharmacist. But while the pharmacist is out, there is nothing in the law to stop an assistant filling the prescription and leaving it in a sealed bag as if it had been dispensed while the pharmacist was in the shop. This would leave a loop-hole in the law which would be difficult to enforce.

## Second pharmacist

We should be pressing, with the help of the Pharmaceutical Services Negotiating Committee, for the Department of Health to make an allowance under the NHS contract for a second pharmacist, part-time or full-time, depending on the number of prescription items dispensed. Professional supervision could then be available at all times and pharmacists could undertake professional activities elsewhere without bringing pharmaceutical work to a complete halt and without fear of breaking the law. To me that is common sense.

We should then be advocating that all medicines, including GSL, should be restricted to pharmacies. The withdrawal of paediatric aspirin is a reminder of why this is necessary. It could have been done quickly, swiftly and completely, had it been under the sole control of the professionals.



Pharmacist Michael Matthews (centre) receives a stereo hi-fi system as winner of the Cow & Gate draw at Sangers wholesale chemist trade show. Mr Matthews, of Matthews Chemist in Newtownabbey's Northcott Shopping Centre, is pictured with representative John Ferguson (left) and sales manager Gary McMaster, of SHS, in Northern Ireland distributors of the Cow & Gate range



# Industry debates image and 'Health for all'

The image of the industry and the health of the Third World were high on the agenda at the 13th Assembly of the International Federation of Pharmaceutical Manufacturers Associations held in Montreux, Switzerland last week. *C&D* reports from the banks of Lake Geneva on the assembly, which took "Health for all" as its theme.

The pharmaceutical industry must get its public relations act together and get involved in the politics of health care, Dr Richard Arnold, executive vice-president IFPMA, told the Conference.

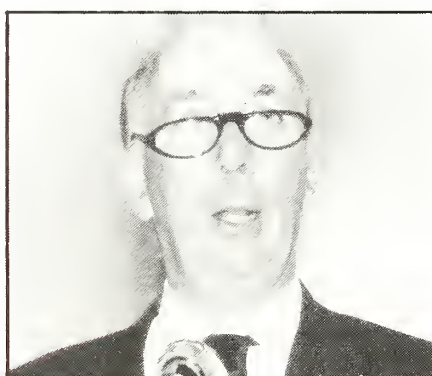
"The industry is no longer simply in the business of discovering, making and selling medicines," he said. "The well-orchestrated clamour from those advocating the simplistic approach — fewer drugs therefore fewer problems and lower costs — may offer attractions to politicians or other health care officials unless the other side of the story is presented. If we don't present the facts we can't expect others to do it for us."

The disasters at Bhopal and Chernobyl had heightened the doubts of a partially informed public about high technology, and increased the interest in alternative medicine, Dr Arnold said. But the AIDS phenomenon had quite different implications for the industry as a reminder that in the fight to overcome disease it is impossible to stand still.

Dr Arnold said it was impracticable and inappropriate for IFPMA to consider a communications programme directed towards the general public. "But we can inform a restricted audience of those concerned with health care issues, especially those with responsibility for policy decisions. "All solutions for any improvement in the health of the world, especially the developing countries, will involve drugs, money and people to treat, care and manage," Dr Arnold said.

And he went on to attack the "consumerist" critics of the industry. "What tangible contribution can they make to any of the items on this list? They contribute no drugs, no doctors or nurses. The money they have they use to publish newspapers full of negative, sneering articles, and hold international meetings primarily designed to criticise."

But he had a warning for the industry. "We should not feel that all criticism is unjustified and should be refuted. Companies, national associations and



Dr Richard Arnold

IFPMA must be willing to enter into discussions with some of the more responsible and representative critic groups."

Dr Arnold stressed the importance of the IFPMA Code of Pharmaceutical Marketing Practices adopted in 1982, which was increasingly being recognised by consumerists and the industry as a code to be taken seriously. A substantial increase in the number of complaints did not imply a reduction in ethical marketing standards, but a greater willingness to recognise the Code's validity.

The past two years had seen a number of important world meetings on drugs, in particular the World Health Organisation Experts Meeting in Nairobi last year on the rational use of drugs. "We had great concerns about the meeting and its long-term consequences," Dr Arnold said. However it had not been as confrontational as many had feared.

"Most important from our point of view was the change of primary emphasis by consumerists from pressure for a marketing code to the issue of drug appropriateness."

The 39th World Health Assembly last May also had few strident attacks on the industry. But Dr Arnold stressed that the industry had a role to play in discussions on aspects of the WHO's Revised Drug Strategy, particularly with regard to the ethical criteria for advertising.

## Finance key to Third World aid

The pharmaceutical industry will continue its "unremitting research effort" as a means to improve health care for people throughout the world. That was the pledge given by the IFPMA's new president Joseph Williams, US chairman and chief executive of Warner-Lambert.

"The industry recognises that its quest to develop new and better medicines is never-ending," he said. Private industry has developed "nearly all the new medicines that have helped to prolong life and improve its quality in the last 50 years. This progress would not have been achieved in the absence of an economic system that fosters competition," he said.

The idea that 250 drugs are all the world needs is dangerous and immoral, said Peter Cunliffe, principal executive officer, ICI Pharmaceuticals and retiring IFPMA president.

"The pharmaceutical industry must continue its research," he said. "The new drug of today is the essential drug of tomorrow." Much had been achieved but much remain to be done. Research and development is expensive and highly unpredictable, Mr Cunliffe said, and for it to continue Governments in the Western Hemisphere must provide the right financial conditions.

"We must ensure that no oversimplistic proposals, aimed at improving the use of essential drugs, are allowed to put at risk the use of new drugs in the future. The world has it in its power to create the end of drug innovation by the end of the century," Mr Cunliffe warned.

The need for the right political and economic climate was a theme taken up by Dr Albert Bodmer, president of the Swiss Society of Chemical Industries, in his opening address. He said the industry wanted to play its role in creating health for all in "a spirit of openness" which meant accepting constructive criticism.

The industry had to work together with health care professionals. The IFPMA was playing its part in trying to foster solutions, Dr Bodmer said. "Then 'health for all' will not be utopia, but reality for all time."

Two speakers at the conference called for the industry to do more for health care in the Third World.

Karen Lashman of the World Bank said that the core group of drugs and vaccines required for 80 per cent of the community health problems in the typical low income economy could be bought annually for

*continued on p760*



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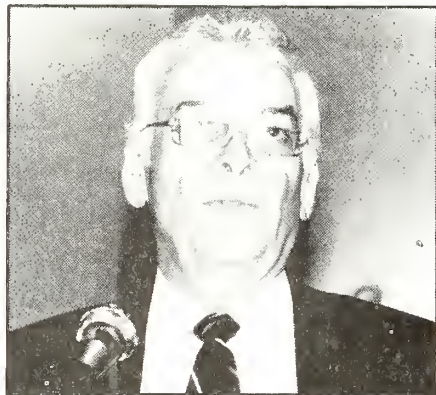


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**AGFA** 





Joseph Williams, new IFPMA president

*continued from p758*

less than one US dollar *per capita*. Under World Health Organisations guidelines, more than 150 countries are operating an essential drugs policy, and efforts to reorient health systems were being actively pursued throughout the developing world, Ms Lashman said.

She singled out a number of areas where she said the pharmaceutical industry could play a crucial role in this process. "These areas promise rapid, high pay-offs not only in political goodwill but importantly in human lives saved."

Collaborative research and development was urgently needed to fill continuing

technology gaps, particularly in the area of tropical diseases. Research in this area currently accounted for only 1 to 5 per cent of world R&D expenditure.

And the industry has a very important role to play in the field of health education.

"Promotion and advertising must be targetted toward encouraging and reinforcing appropriate prescribing and improved patient compliance," Ms Lashman explained.

"Industry can assist developing countries to reduce the costs of pharmaceuticals acquisition, she said." This would include demystifying brand names to enable more low-cost alternatives to be more easily identifiable, and providing data on comparative costs.

The next ten years provided a major possibility for building the image of the industry by providing life saving products for the children of the world, Mr David Halliday, deputy director of the United Nations International Children's Emergency Fund, told the Conference.

"You could back the biggest advance in the health of children the world has ever

seen," Mr Halliday told delegates. Over the next ten to 15 years, UNICEF wanted death rates in the under-fives cut by half. This could be achieved by a combination of new, improved and rediscovered low-cost techniques, including oral rehydration therapies, vaccines, breast feeding, diet supplements, female literacy and family spacing. UNICEF distributed one and a half billion doses of vaccine and 80 million oral rehydration packs last year. "The potential for the industry is only beginning to emerge," Mr Halliday said.

Profits could be made, but special pricing structures and packaging would be required, Mr Halliday said.

Mr Halliday singled out vaccine technology for the industry's special attention. "It is easy to buy vaccines for 50 US cents a child, but the actual costs of the dose can be \$15 per child because of storage. Two million children died last year from measles, despite a low cost vaccine being available. "Who can find a way to make a measles vaccine that does not need an injection and does not need to be kept cold?"

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## Conflicting advice on CDs

Offences under the Misuse of Drugs Act (1971) in respect of the dispensing of incorrectly written CD scripts are viewed very seriously by the Pharmaceutical Society of Great Britain as are offences such as a illegal supply of a CD or POM medicines on a forged prescription. This was illustrated by the recent Storkwain prosecution with its unacceptable consequences for our profession. It is, therefore, totally unacceptable to the profession that the Law Department of the PSGB should give out two diametrically opposite statements on the legality of CD prescriptions as shown below:

1. In answer to a letter by "Punctilious" published in the *PJ* on September 6 the Pharmaceutical Society's Law Department points out that the form must be stated on a prescription for a Controlled Drug. If pharmacists are dispensing such prescriptions without the form stated on them, they are breaking the law. Any information received by the Society about breach of law will be passed to the appropriate authority.

2. The NPA *Supplement* of October 1986 says if the prescription is for a preparation (eg Tenuate Dospan) which is only available in one form, there is no legal requirement for the prescriber to indicate that he wishes tablets to be supplied. The form is inherent in the product name. Similarly, where a preparation is only produced in one strength, the prescriber need not state it on the prescription, although of course, he may do so if he wishes. This interpretation of the legal position has been confirmed by the Pharmaceutical Society's Law Department.

The statement on the legal position as confirmed by the Law Department of the PSGB, made in the *Supplement* implies that:

1. A prescription for MST 10mg without the word "tablets" stated would be legal, whereas I have personally queried this with the Law Department in the past and been assured that it was not legal.

2. A prescription for pentazocine 25mg written clearly but without the word "tablets" would be legal despite the fact that hundreds of such prescriptions have been returned to GPs in the belief that they were illegal.

I could give many more examples but the important thing is this: The law regarding Controlled Drugs is excessively complicated and poorly understood by GPs and apparently even by the Law

Department of the PSGB. I personally do not believe that the introduction of these measures have in any way affected the serious problem of drug abuse in this country and I challenge the Society and the Home Office to produce statistics to prove otherwise. I suggest that these regulations are serving no purpose but to confound doctors, inconvenience patients and frustrate pharmacists.

**David Liston,**  
Birmingham.

We, the undersigned, pharmacists deprecate the position we have been put in by the Law Department and furthermore demand an urgent review of the Controlled Drugs Regulations.

S.J. Growcott, A. Sinclair, N.W. Search, K.J. Britton, W. Day, D.F. Shrimpton, H.D. Williamson, J.E. Wilson, M.L. Burley, C. Stokes, A. Lawlor, R. Massey, D. Liston, P.V.A. Drane

Mr Liston wishes to point out that the opinions expressed in the letter above are his own, and not necessarily those of the pharmacists who have put their name to the petition — Editor.

NPA director Tim Astill writes: "There is no doubt about the law. Strictly speaking the form must always be stated but the strength need only be given "where appropriate", so it need not be stated where the preparation is only available in one strength. The conflict between the two statements arose out of a misunderstanding during a telephone conversation between St Albans and Lambeth."

## 'Broom cupboard' pharmacies

We have in East Anglia a chain of newsagents and tobacconists which are, contrary to your report of October 18, proposing to open pharmacies in areas in their shops little bigger than broom cupboards. Two of these broom cupboard dispensaries have already been constructed in tobacconists in the Norwich area. I would like to draw the attention of the Society to the fact that you cannot get a licence for a car unless it is roadworthy and capable of doing the job.

A dispensary of the size proposed cannot help but break the law eg, Part ones and broken bulk stored in areas not licensed by the Society; signing on the exterior of the building unconnected with the in-store shop; ethically completely against the Nuffield report which states that pharmacy should not be used as a draw line, let alone to promote tobacco products.

The wider implications for pharmacy if it allows these moves are disastrous.

Country doctors will point to these hole-in-the-wall pharmacies and say: "Why can't Doris, our cleaning lady, dispense in our broom cupboard?" On the other hand dispensing doctors will be able to say that they can offer far superior premises with proper waiting areas and, therefore, why shouldn't they be allowed to extend their activities.

The Labour Party has already stated that it is going to nationalise a drug company. The next step will be pharmacy. They will be able to say: Look at the areas the Society allows dispensing to be carried on in. We have areas like that in all the surgeries we have been given grants for, even better areas. Let us employ pharmacists at hospital rates — they will have to take the jobs as we will control the outlets.

Pharmacy will be powerless as it will have lost the goodwill of the public by being continuously out of stock in such poky premises.

**E.B. Collishaw**  
Norwich

## Left with warts

From the account in the *Chemist & Druggist*, October 25 of the debate in the House of Lords on Clause 2 of the NHS (Amendment) Bill, it now looks likely that the proposals for rational distribution in the new contract will be diluted out of existence. It seems that the prognostications made a year ago by Alan Nathan and others representing the British Pharmacists Association (UK) will be proved right, and all that pharmacists will get out of the new contract, which we had to accept "warts and all", will be the warts.

The only thing that remains unaltered from the original proposals are the financial cuts demanded by the Government, and agreed by the PSNC. The net result of 18 months of hype and propaganda in favour of the new contract by both the PSNC and the Pharmaceutical Society will be the closure of hundreds of small pharmacies, and the rash of openings of unwanted and unneeded new ones, prompted by the PSNC's own action in announcing prematurely the advent of restriction of location.

The BPA has been heavily criticised by the establishment for exaggerating and misrepresenting the facts. I think that we can now claim that the facts have proved that the BPA has been telling the truth. It is our pharmaceutical leaders who have been misleading us.

**Meir Kattan**  
BPA (UK) Ltd



# HM Customs proposes greater VAT freedom

**A consultation paper "VAT: Small business review", published this week by HM Customs and Excise, could, if implemented, lead to the release of 250,000 small traders from the VAT system.**

The document proposes optional cash accounting, annual instead of quarterly returns, improvements to the simplified changes in schemes for retailers, and VAT registration and deregistration rules.

"The Government is concerned to do all it can to encourage the small business sector," says Treasury Minister, Peter Brooke, who is confident businesses will welcome these moves. The Government is aiming to complete the review before the original target of mid-1987, so that decisions can be made in good time for the 1987 Finance Bill. To ensure small businesses are fully involved in the consultation, 5,000 traders will be sent a questionnaire.

The optional cash accounting scheme would allow businesses with an annual turnover below £100,000 to account for VAT on the basis of cash rather than invoices. Traders would only account for

VAT on cash from customers, and would only reclaim VAT after paying suppliers.

VAT returns would be annual but paid in ten instalments. Traders would be sent an annual assessment of their tax liability, based on the previous year's VAT payments. Two months would be allowed to prepare annual returns and make the final payment.

Changes in rules for registration and deregistration aim to release 250,000 traders from the VAT system. It is also suggested that retailers whose turnover is below the registration limit should deregister.

Furthermore, the present nine schemes for retailers have been reviewed, with the aim of improving and simplifying operations and making new schemes more widely available. And HM Customs and Excise propose to engage the services of an independent consultant to review current VAT record-keeping requirements and their effect on small businesses. Comments should be sent by December 31 to David Brampton, HM Customs and Excise, Room 322, Knollys House, Byward Street, London EC3R 5AY.

## NCT fears cost of rate reforms

**The National Chamber of Trade, representing 200,000 businesses, fully supports reform of the rating system, but is voicing its fears in response to the Government's Green Paper: "Paying for Local Government", that businesses will bear the brunt of change.**

Of chief concern are the Government's proposals for a Uniform Business Rate (UBR) and a discretionary non-domestic rate. They are designed to stop what the Government sees as high spending councils penalising businesses. But the NCT stresses there would need to be a statutory requirement that both would remain within the present proportion of the rates fund met by the business sector.

"Without that there would be nothing to prevent a future government utilising the UBR as yet another revenue raiser to meet public expenditure requirements," says the NCT. And local authority incomes in areas where business predominates would need to be moderated so that the

area does not suffer financially.

The NCT also stresses that before reforming rates the valuation system must be examined and clarified as the present system, which assesses premises size, is unfair. But, it adds, if there is to be any delay between non-domestic and eventual domestic revaluation, the non-domestic sector should be compensated for the burden it will have to carry.

The business sector is generally angry that it often pays a large share of the local bill without a vote in local government. The NCT backs the transfer of education to central funding to reduce local costs, and stresses that the introduction of a UBR should not undermine its consultative role in local government.

**Share**, the discount self-service drug store chain, have opened their 100th store in Birmingham. The store covers 2,400 sq ft. Share are also planning a refurbishment programme nationwide. The group's current product range is 26 per cent own label.

**The British Chemical Distributors & Traders Association Ltd** have moved to 2nd Floor, Suffolk House, George Street, Croydon CR9 3QL (tel 01-686 4545).

## Janssen changes with Pharmacy

**Janssen's OTC Division is to be renamed Janssen Pharmacy Division from November 1, reflecting their long-term commitment to pharmacy, they say.**

Since the formation of their OTC division in September 1984 Janssen say their aim has been to provide pharmacists with "quality counter medicines worthy of recommendation".

The company believes that its strength in the OTC market lies in the fact that all the products are the result of original Janssen research. The brands have a good reputation with GPs, and recognition from pharmacists, say Janssen. They are looking to sustain and build on this strength, and the company hopes to introduce at least one new Pharmacy only product each year.

Janssen are keen to see more of their products deregulated. With this in mind the company is conducting pharmacy trials which comparing the old and new products where there is little recorded efficiency data. The trials are properly conducted clinical trials and not, say Janssen, pre-marketing exercises, as all the products are established.

## Medicare goes North and West

**Medicare — the drugstore chain — is expanding with a new look and new stores. By 1988 the company hopes to have 200 shops open nationwide — almost four times the present number.**

Medicare, who are being bought from Reed Executive by the Dee Corporation in a deal expected to be completed by the end of this month, hope to open 50 branches in Scotland, the North and the West country during 1987, and another 100 outlets in 1988.

Medicare are also looking at new products areas, operations director Paul Collins, told C&D this week. The company intends to test a wider range of baby goods including textiles, feeding utensils, bottles and teats as well as health foods, and supplements, particularly vitamins.

**Fisons** have bought Applied Laboratories Inc (ARL) for £26m. Borrowings of £19m were also taken on. ARL is a high technology analytical instrumentation company which manufactures in Switzerland and California.



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## Liability for claims risk

**Implementation of the EEC Directive on strict liability scheduled for 1987 could mean that retailers are held responsible for claims made under the Directive, says National Pharmaceutical Association director Tim Astill.**

Legislation is being drafted by the Government with a view to including it in the new Parliamentary session opening on November 12. It is expected to form part of a wider bill dealing with other aspects of consumer protection involving improved safety standards.

Mr Astill is particularly concerned for retail pharmacists who, until OPD is introduced in 1988, will continue to dispense prescription medicines carrying their own name and address only, and not that of the manufacturer. Own label products which carry no reference to the manufacturer, and nostrums made up elsewhere and marketed by a pharmacist under his name also present a problem.

It had been understood that a retailer or other distributor who puts a product into circulation bearing his own name would be regarded as a producer for strict liability purposes, but would pass on that strict liability to the importer or distributor if he had appropriate evidence in the forms of memos, invoices and receipts. However, at a meeting at the Department of Trade and Industry last week, when a Retail Consortium delegation met Mr Michael Howard, Parliamentary Secretary for Corporate and Consumer Affairs, it was clear that this is not so. The retailer could still be held responsible even if he had the appropriate documentation to



Headingley cricket ground formed the stage for the largest Unichem Showcase to date for customers supplied from the Leeds depot. Pictured here are (from the left) Bill Jack, general manager and Mr Chadha, MPS, with the Unichem staff representative, Trudie Sitser, talking to two guests.

identify the supplier of the goods.

Further meetings between the DTI, the Department of Health and representatives of retail trades are being sought to clarify the situation.

There may be no specific reference to the Bill in the Queen's speech because the need to preserve the Prime Minister's freedom in deciding the timing of the next general election is having a significant effect on the size of the legislative programme for the new session. The product liability directive does not have to be implemented until 1988 and it is expected that the new legislation would not become operative until six months after reaching the Statute Book. Its main effect will be to make manufacturers and importers strictly liable for injury caused by defective products without the injured party having to prove negligence.

The Government is expected to meet representations made by industrialists by including a provision permitting "development risks" defence. Ministers have recognised that the absence of a development risks defence could hold back the production and marketing of new products and new processes. The National Consumer Council, while welcoming the Directive, is opposed to this defence.

## Getting SMART with leeches

**The world's only commercial leech farm, Biopharm UK Ltd (C&D October 11, p628) was among 20 firms who won one of the first Small Firms Merit Awards for Research and Technology (SMART) from the Department of Trade and Industry.**

The company, founded by Dr Roy Sawyer, was presented with a trophy and a first payment of £12,500 by Geoffrey Pattie, Minister of State for Industry and Information Technology. Up to £25,000 more will be awarded to the company as their work progresses. It will provide

Biopharm with the cost of developing a compound extracted from leech saliva, which shows potential in the treatment of blood clots.

Other winners included Polyclonal Antibodies Ltd, who have developed immuno-assay kits for detecting abused drugs in "street" samples, and Alta Diagnostics Machines Ltd who have developed instruments for rapid testing of blood proteins for diagnosis.

The British Standards Institution has published seven new sections of BS3762 "Analysis of formulated detergents. Part 3 Quantitative test methods", of use to the soap and detergent industry. The sections supersede methods given in BS3762:1964. *BSI sales department, Linford Wood, Milton Keynes MK14 6LE.*

## Out of court settlement

**Mr Bharat Patel, trading as Pabro Chemists at the Whitgift Centre, Croydon, has settled out of court with Lynton Cash & Carry (Wholesale) Ltd after the latter supplied them with fake Chanel perfume in 1982.**

Mr Patel was prosecuted and fined at Croydon Crown Court in 1983 for selling the fake product. Another company also supplied with fake Chanel successfully sued Lynton recently, claiming damages for the fines it had had to pay.

Mr Patel's settlement was for the fine he paid and costs related to the case.

## NCC for SOS

**The Keep Sunday Special team took up a "quite disproportionate" amount of column space in the media, according to the National Consumer Council.**

The Council was announcing its support for the new Sort Out Sunday campaign — having previously been cautious about the call for only partial reform. Chairman Michael Montague said Keep Sunday Special had filled MPs' mail bags with alarmist letters. And he blamed an "unholy alliance" for the fall of the Government's trading reform Bill earlier this year: the Church of England, USDAW and "the more reactionary sections of the retail trade". He also attacked the Government's decision to link Sunday trading to a lessening of shopworkers' safeguards.

Mr Montague, lecturing on "Politics and the consumer" at the City Business School in London, still had some doubts about SOS — which aims to change the law for DIY shops, garden centres, video hire shops and stately homes.

## Dismissal video

**A video giving guidance for small employers on unfair dismissal legislation and good employment practice has been released by the Department of Employment.**

It can be bought (£35) or hired free from Central Film Library, Central Office of Information, Chalfont Grove, Gerrards Cross, Bucks SL9 8TN (tel 024 074433). It is also available from Small Firms Centres.



# COMING EVENTS

## Primary care conference

The West Midlands Regional Committee of the Pharmaceutical Society is organising an evening conference entitled "Agenda for discussion on DHSS paper on Primary Healthcare". President of the Pharmaceutical Society Dr T.G. Booth will address the meeting on November 20 at the Cobden Hotel, Edgbaston, Birmingham at 8pm.

### Monday, November 3

**East Metropolitan Branch, Pharmaceutical Society and The West Ham District Association of Pharmacists.** 7.30 pm at the Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead, E11. Dr R.J. Pinney, MPS, from The School of Pharmacy, University of London on "Clinical mechanisms of antibiotic resistance".

### Tuesday, November 4

**Ayrshire Branch, Pharmaceutical Society.** 8 pm at

the Piersland House Hotel. Dr James of Ninewells Hospital, Dundee on "Hyperbaric oxygen".

**East Kent Branch, Pharmaceutical Society.** 8 pm at the postgraduate medical centre, Kent & Canterbury Hospital, Canterbury, "Patient counselling".

**Edinburgh and Lothians Branch, Pharmaceutical Society.** 7.45 pm at 36 York Place, joint meeting with Heriot-Watt pharmacy students' association. Students prize-giving followed by "Chiropractice" by Dr R. McCulloch from the New Town Chiropractic Surgery. **Glasgow & West of Scotland Guild of Hospital Pharmacists.** 7.30 pm in the Seminar Room, 2A, Glasgow Royal Infirmary. "Interferon — future clinical uses" by Dr M. Hall, Roche.

**South West Metropolitan Branch, Pharmaceutical Society.** 7.15 pm in Lecture Theatre A, St George's Hospital Medical School, SW17. Dr L. Stevens, a consultant in accident & emergency, on "Cardio-pulmonary resuscitation". **Stirling & Central Scottish Branch, Pharmaceutical Society.** 8 pm in the Mayfair Suite, Park Hotel, Arnothill, Falkirk. Professor A.T. Florence, University of Strathclyde, on "The Nuffield Report".

### Thursday, November 6

**Bristol and District Branch, Pharmaceutical Society.** 8 pm at the postgraduate medical centre, Frenchay Hospital, Bristol, Mr Peter Monk, divisional

administrator, Prescription Pricing Authority on "The PPA — then and now".

**Halifax and District Branch, Pharmaceutical Society.** 7.30 pm. Annual dinner at Hamilton's Restaurant, Lord St, Halifax. Cost £8.

**Weald of Kent Branch, Pharmaceutical Society.** 7.30 pm at the postgraduate centre, Kent & Sussex Hospital, Tunbridge Wells, Mr G.E. Appelbe, head of the Society's Law department on "Ethics, the Society and the law".

### Friday, November 7

**Wirral Branch, Pharmaceutical Society and Birkenhead & Wirral Pharmacists Association.** 8 pm at Hulme Hall, Autumn dance.

### Saturday, November 8

**Glasgow and West of Scotland Branch, Pharmaceutical Society.** 7.30 pm Glasgow pharmacy charity ball at the Grosvenor Hotel, Glasgow. Tickets £15, dinner and dance.

### Advance Information

**National Pharmaceutical Association** dinner on November 18 at The Post House Hotel, Great Barr, Birmingham. Tickets only, further details from Mike King, NPA (0727-32161).

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For informal visits, further information, application form contact: Ian Bourns, Principal Pharmacist, Support Services Cuckfield Hospital, Hove, Brighton, West Sussex (Telephone 0444 459122 ext 259) (Closing date 17/11/86)

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## Madge to retire as RPA chairman

**Mr Mervyn Madge is to retire as chairman of the Rural Pharmacists Association, which he founded six years ago with John Davies. Mr Madge will not stand for re-election at the RPA's annual meeting.**

In a tribute to Mr Madge, RPA secretary John Davies says that he has "strived at every possible moment to ensure that the affairs of rural pharmacists were under constant scrutiny, and been vigilant to ensure that no rural pharmacist was without support or help".

Mr Davies is organising a presentation, to be made at the Saturday night dinner of the RPA Conference, on November 15, at the Blunsden House Hotel, Swindon, to recognise Mr Madge's efforts. Anyone wishing to contribute should send cheques, payable to the "John Davies M.M. Fund", before November 10, to Mr John Davies, The Pharmacy, 1 The Square, Wiveliscombe, Taunton, Somerset.

## Threat to York

**Pharmacist Michael Mendelsohn is uniting with other city retailers and residents in their opposition to the pedestrianisation of York town centre.**

Mr Mendelsohn told *C&D* that the shopkeepers, market traders, taxi drivers, and other pharmacies (including Boots and the Minster Pharmacy) were not against a traffic-free area, but were concerned at the speed with which the Labour Council was seeking to introduce it. "York is not like other cities which have been pedestrianised — there is no access to buildings and shops from the rear," he says. "It will kill many businesses if premises cannot be fully serviced throughout the day. They will have to reduce staff, and York will become a ghost town with people travelling to Leeds, Harrogate and Wetherby instead."

The retailers are asking for more time to consider the implications of the action, he says. He is particularly concerned that patients requiring emergency oxygen supplies from his shop will suffer — "I will hold the Council responsible," he says. So far representations to the Council have fallen on deaf ears, and a final decision on whether the pedestrianisation will go ahead will be taken this month.



Derek Tebay (left) from Bells chemist in Ambleside, Cumbria, is seen off from Heathrow by Duracell assistant brand manager Mark Healy. He had won a weekend for two in Paris in Duracell's "Top Performers". The trip included a visit to the Prix de L'Arc de Triomphe and was the final prize in their incentive scheme for independent retailers. On his return, Derek said the visit was memorable, even if his gambling technique was not quite as polished as his retailing success!

## New at the Co-op

**Peter Troughton is the new president of the National Association of Co-operative Officials' Superintendent Chemists and Opticians Association.**

He has been National Co-operative Chemists Ltd London group manager since the 1985 merger, before which he had been the London Co-op superintendent chemist since 1978. Previously he was superintendent, Enfield Co-op, 1970-78. He qualified at Chelsea School of Pharmacy and registered in 1962.

At the recent NACO annual



Two hundred spectators saw Bob Heaps win Unichem's Driver of the Year competition against 11 regional finalists at Sandown Racecourse recently. Bob, from the Preston depot, claimed the first prize of the Unichem/Godfrey Davis trophy and a £400 cheque. He receives the trophy from Kelvin Hide (right), Unichem's operation director

conference of Co-operative superintendents held at Lake Windermere, Jim Henderson, the retiring president, was presented with the 1826 edition of Culpeppers Herbal Remedies to mark his many years as an executive committee member. Donald Davison, another past president, was presented with a cheque from his colleagues and honorary life membership of NACO by NACO's vice-president Mr N.P. Clark.

## Pharmacy on the air

**Radio 4's "Woman's Hour" focused on pharmacy and the role of the community pharmacist post Nuffield in its October 22 edition, highlighting the contribution the profession can make to healthcare.**

Pharmaceutical Society Council member Mrs Linda Stone was interviewed for the programme, and Mr Graham Phillips was recorded in action dispensing and counselling in his pharmacy, Kime & Smith Ltd in St Albans. Dr Stuart Carne, a medical practitioner and member of the Nuffield Committee also featured, giving support to the idea of an expanded role for pharmacists in health care. Both pharmacists were delighted with the outcome of the programme which was very "pro-pharmacy". The broadcast was initiated by the National Pharmaceutical Association PR consultants, Reginald Watts PR.

## APPOINTMENTS

**Laughton & Son Ltd:** Mr J.L. Moss is appointed managing director of the haircare and Twinco division, and Mr R.H. Weake is appointed managing director of the Stratton division in a management restructure. And in the haircare and Twinco division Mr R. Lyon is promoted to general sales manager and Mr J. Grogan is commercial manager.

**Konica UK:** Sally McHugh has joined as training executive for the company's Nice Print mini-lab system. She is based at Konica's Feltham, Middlesex headquarters, where a training school for Nice Print purchasers is being set-up.

**Hanimex (UK) Ltd:** Mark Wilson becomes accessories sales representative for Scotland, Northumberland, Cumbria, Tyne & Wear, Durham and Cleveland and Northern Ireland.



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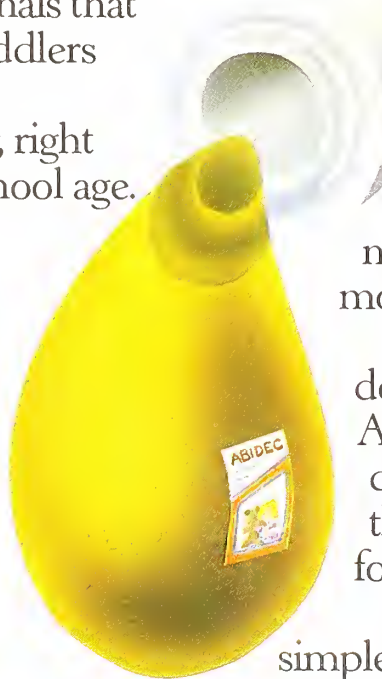
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